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BIENNIAL REPORT
OF THE 792525
LUNACY COMMISSION

December 1, 1917 to November 30, 1919

TO HIS EXCELLENCY
THE GOVERNOR OF MARYLAND

December, 1919



Press of
Fleet-McGinley Company
Baltimore, Md.
1919

BIENNIAL REPORT
OF THE
LUNACY COMMISSION

December 1, 1917 to November 30, 1919

HALL OF RECORDS
ANNAPOLIS, MARYLAND

941

Compliments of

Maryland State Commission in Lunacy,

Arthur P. Herring, M. D. Secretary,

Baltimore, Md.

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1919

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OF THE
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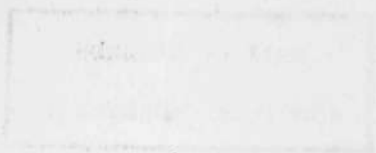
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Baltimore, Md.
1919



LUNACY COMMISSION

THE COMMISSIONER OF MARITIME



To His Excellency, Emerson C. Harrington, Governor of Maryland:

The undersigned, members of the Lunacy Commission, respectfully submit their third Biennial Report (embracing the 33d and 34th reports), for a period from December 1, 1917, to November 30, 1919. The statistical tables conform with the fiscal year of the hospitals, being from October 1, 1917, to September 30, 1919.

HUGH HAMPTON YOUNG, *President.*

HENRY M. HURD,

HENRY J. BERKLEY,

GEORGE H. HOCKING,

ALBERT C. RITCHIE.

December 1, 1919.

THE LUNACY COMMISSION.
STATE OF MARYLAND.

PRESIDENT.

HUGH HAMPTON YOUNG, M. D.,
Baltimore, Md.

HENRY M. HURD, M. D.,
Baltimore, Md.

HENRY J. BERKLEY, M. D.,
Baltimore, Md.

GEORGE H. HOCKING, M. D.,
Govans, Md.

ATTORNEY-GENERAL (*ex-officio*).
ALBERT C. RITCHIE.

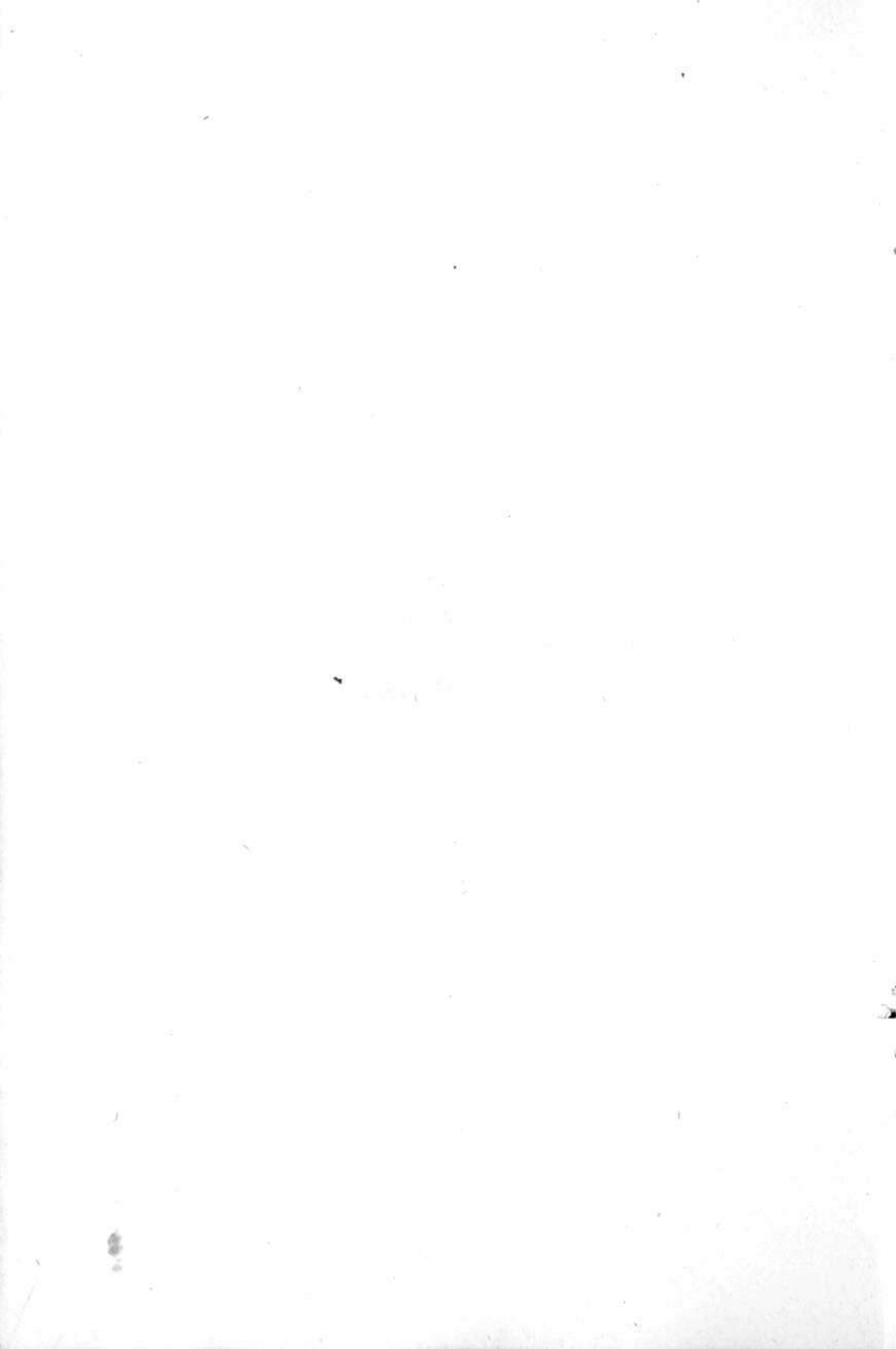
SECRETARY OF THE COMMISSION.
ARTHUR P. HERRING, M. D.

Address official communications to

THE STATE LUNACY COMMISSION,
330 N. Charles Street,

BALTIMORE, MD.

SECTION 1
REPORT OF THE SECRETARY
TO THE
LUNACY COMMISSION.



BIENNIAL REPORT OF THE LUNACY COMMISSION.

EMBRACING THE 33d AND 34th ANNUAL REPORTS.

REPORT OF THE SECRETARY.

To the Members of the Lunacy Commission:

During the biennial period from October 1, 1917, to September 30, 1919, a decrease in the total population of the institutions in the State caring for the insane, feeble-minded, drug and alcoholic addictions will be remarked. There were 5156 patients under care September 30, 1918, while on a like date for 1919 there were but 5071, a decrease of 85 patients. However, this decrease does not signify that a lesser number of patients have been under treatment in the institutions in the State, but, to the contrary, there was a decided increase in admissions over the foregoing year, as the following will show:

The total number of patients admitted in 1919 was 2443, as compared with 2065 for 1918, an increase of 438. The insane patients under care in 1919 totaled 1979, as compared with 1695 for 1918, an increase of 284 for the year. Drug addictions also increased from 93 to 122 in 1919, a total increase of 29. Alcoholics, in spite of prohibition, surpassed the number for the foregoing year by 74, there being 141 in institutions for treatment in 1918 and 215 in 1919. Non-insane patients who entered institutions in 1919 numbered 127, showing a slight decrease over those for 1918, there having been 136 admitted during the year.

As regards discharges and deaths during the past year, compared with the foregoing year, a greater percentage of recoveries may be noted. During 1918, 461 patients were reported to this office as recovered, while in 1919, 551 were shown, an increase of 90 for the year. Discharged patients numbered 1778 during 1919, as compared with 1536 for 1918, an increase of 242 for the year. In 1918, 509 patients died, while in 1919, 740 deaths were reported. This increase was due to the influenza epidemic, which caused a great number of deaths at the State institutions, where the disease rapidly spread among the large number of patients. However, considering the fatality of the epidemic generally, the death rate

was comparatively low in the hospitals for the insane and feeble-minded.

It may be of interest to compare the biennial period from October 1, 1915, to September 30, 1917, and this biennial period, from October 1, 1917, to September 30, 1919. The total population of hospitals for the care and treatment of mental disorders in the State on September 30, 1917, was 5196, and on September 30, 1919, 5071, a decrease of 125. There were admitted during the biennial period 1915-1917 to all institutions in Maryland 4557 patients, as compared with 4508 for 1917-1919, a decrease of 49. The admissions were as follows: Insane patients, 3559 for 1915-1917, as compared to 3674 for 1917-1919, an increase of 115. Drug addictions numbered 171 for the foregoing biennial period, as compared with 215 for the biennial period just closed, an increase of 44 for the two years. Alcoholics decreased, there being 535 on record for 1915-1917 and but 356 for 1917-1919, a decrease of 179. The non-insane cases under treatment for nervous disorders and rest cures amounted to 292 for the foregoing biennial period, and to 263 for the past two years.

A comparison of the discharges and deaths for the past four years shows the following: The total number of recoveries for 1915-1917 were 1072, as compared to 1012 for 1917-1919; other discharges, 2170 on September 30, 1917, as compared with 2312 on September 30, 1919, an increase of 142. Deaths increased from 952 for the years 1915-1917 to 1309 for the biennial period just closed, an increase of 357. The total number of discharges and deaths for the biennial period for 1915-1917 amounted to 4194, as compared with 4633 for the period from October 1, 1917, to September 30, 1919, an increase of 439.

An interesting fact concerning the State hospitals is that the exact number of patients were admitted during the foregoing biennial period as were admitted during the past two years—1700. In spite of the fact that the hospitals were handicapped by the loss of physicians who entered the Medical Corps at the outbreak of the war, as well as by the enlistment of nurses and attendants in the nursing and medical corps of the army, the additional work was taken up by those of the medical and nursing staff remaining, and the many and arduous duties performed in a satisfactory manner.

A comparison of the discharges at the State hospitals during the two biennial periods shows an increase of 148 during the last two years. There were 208 recoveries during the biennial period just closed, and 191 during the foregoing period; 523 discharged as improved and unimproved for the same period, and 654 discharged during 1918-1919. There was an increase of 282 in the number of deaths, there being 595 reported in 1915-1917 and 877 during 1917-1919.

There has been a decrease in the number of patients under care in asylums, there being on September 30, 1915, 440 patients, and on September 30, 1919, but 298. The patients have been transferred to the State hospitals from the asylums as fast as vacancies occur.

The whole number of patients being treated in private sanitarium does not vary to any great extent, there having been a total of 1017 on September 30, 1915, and on September 30, 1919, 1046. The same may be said of the admissions and discharges.

SUMMARY OF STATISTICS.

1918-1919.

Remaining under care, September 30, 1918.	
State Hospitals	3,779
Private Sanitarium	1,044
Asylums	333
Total	5,156
Remaining under care, September 30, 1919.	
State Hospitals	3,727
Private Sanitarium	1,046
Asylums	298
Total	5,071
Remaining in all institutions, September 30, 1917.....	5,196
Admissions to all institutions in 1918.....	2,065
Total number under treatment in 1918.....	7,261
Total number of recoveries discharged	461
Total number of others discharged	1,075
Total number of deaths	569
Total number of discharges and deaths in 1918.....	2,105
Remaining in all institutions, September 30, 1918.....	5,156
Decrease for the year.....	40

Remaining in all institutions, September 30, 1918.....	5,156
Admissions to all institutions in 1919.....	2,443
Total number under treatment in 1919.....	7,599
Total number of recoveries discharged	551
Total number of others discharged	1,237
Total number of deaths.....	740
Total number of discharges and deaths in 1919.....	2,528
Remaining in all institutions, September 30, 1919.....	5,071
Decrease for the year.....	85
Ratio of patients to population of the State, Sept. 30, 1918....	1 to 264
Ratio of patients to population of the State, Sept. 30, 1919....	1 to 268
Ratio of recoveries to admissions in 1918.....	1 to 4.5
Ratio of recoveries to admissions in 1919.....	1 to 4.4
Ratio of all discharges and deaths to total number under treatment, 1918	1 to 3.4
Ratio of all discharges and deaths to total number under treatment, 1919	1 to 3
Number of first admissions, 1918.....	1,585
Number of first admissions, insane.....	1,326
Number of first admissions, drug.....	56
Number of first admissions, alcoholic.....	70
Number of first admissions, not insane.....	133
Total.....	1,585
Number of first admissions, 1919.....	1,845
Number of first admissions, insane.....	1,557
Number of first admissions, drug.....	79
Number of first admissions, alcoholic.....	96
Number of first admissions, not insane.....	113
Total.....	1,845
Number of patients admitted more than once to any institution in the State, 1918.....	480
Number of patients admitted more than once to any institution in the State, 1919.....	598
Number of transfers from one institution to another in the State, 1918.....	246
Number of transfers from one institution to another in the State, 1919.....	276
Percentage of alcoholics in total number of admissions, 1918.....	6.1%
Percentage of alcoholics in total number of admissions, 1919.....	7.9%
Total number of alcoholics admitted during 1918.....	141
Total number of alcoholics admitted during 1919.....	215
Total number of drug addictions admitted during 1918.....	93
Total number of drug addictions admitted during 1919.....	122
Total number of patients from Maryland in institutions in the State, 1918	4,694
Total number of patients from Maryland in institutions in the State, 1919	4,604
Total number of patients from out of the State in institutions in Maryland, 1918	462
Total number of patients from out of the State in institutions in Maryland, 1919	467

TABLE SHOWING THE COLORED INSANE FOR THE PAST FIVE YEARS.

	Total.	Male.	Female.
1915.....	632	286	346
1916.....	669	308	361
1917.....	696	317	379
1918.....	662	314	348
1919.....	626	282	344
Number of patients at the Crownsville State Hospital.....	527	238	289

The distribution of indigent patients, showing the number and per cent. of city and county patients in State hospitals, is given below:

Total number of indigent city patients, October 1, 1918..... 2,522

Number of indigent city patients in State hospitals:

Spring Grove	461
Springfield.....	974
Crownsville.....	210
Rosewood.....	384
	<hr/> 2,029*
Number of indigent city patients in Mount Hope.....	250
Number of indigent city patients in Bayview.....	243

Total number of indigent city patients..... 2,522

Total number of indigent city patients, October 1, 1919..... 2,516

Number of indigent city patients in State hospitals:

Spring Grove.....	486
Springfield.....	960
Crownsville.....	231
Rosewood.....	383
	<hr/> 2,060†
Number of indigent city patients in Mount Hope.....	250
Number of indigent city patients in Bayview.....	206

Total number of indigent city patients..... 2,516

Total number of indigent county patients, October 1, 1918..... 1,869

Number of indigent county patients in State hospitals:

Spring Grove	317
Springfield.....	534
Crownsville.....	313
Eastern Shore	240
Rosewood.....	316
	<hr/> 1,720‡
Number of indigent county patients in Mount Hope.....	59
Number of indigent county patients in Sylvan Retreat.....	90

Total number of indigent county patients..... 1,869

Total number of indigent county patients, October 1, 1919..... 1,784

*80.4% in State hospitals.

†79.9% in State hospitals.

‡92% in State hospitals.

Number of indigent county patients in State hospitals:	
Spring Grove	280
Springfield.	511
Crownsville.	280
Eastern Shore	249
Rosewood.	315
	<hr/> 1,635§
Number of indigent county patients in Mount Hope.....	57
Number of indigent county patients in Sylvan Retreat.....	92

Total number of indigent county patients..... 1,784

Total number of penal cases in State hospitals, October 1, 1918....	30
Spring Grove	12
Springfield.	2
Crownsville.	16

Total number of penal cases..... 30

Total number of penal cases in State hospitals, October 1, 1919....	32
Spring Grove	13
Springfield.	3
Crownsville.	16

Total number of penal cases..... 32

Total number of indigent patients, 1918.....	4,421
Total number of indigent patients, 1919.....	4,332

The total number of insane and feeble-minded from the various counties in State, corporate and private institutions and county asylums, according to districts, on September 30, 1918:

FIRST DISTRICT.

	White.		Colored.	Total.
	Insane.	Feeble-Minded.		
Cecil County	43	12	19	74
Kent County	17	2	9	28
Queen Anne's County.....	19	8	9	36
Talbot County	29	6	12	47
Caroline County	29	3	7	39
Dorchester County	53	5	14	72
Wicomico County	24	7	9	40
Somerset County	38	10	11	59
Worcester County	39	4	8	51
	<hr/> 291	<hr/> 57	<hr/> 98	<hr/> 446

SECOND DISTRICT.

Carroll County	64	6	3	73
Baltimore County	284	80	28	392
Harford County	59	31	14	104
	<hr/> 407	<hr/> 117	<hr/> 45	<hr/> 569

§92.2% in State hospitals.

THIRD DISTRICT.

Garrett County	30	10	1	41
Allegany County.....	121	21	8	150
Washington County	75	13	5	93
Frederick County	91	32	19	142
Montgomery County	61	12	29	102
	<hr/> 378	<hr/> 88	<hr/> 62	<hr/> 528

FOURTH DISTRICT.

St. Mary's County.....	17	3	13	33
Charles County	19	3	27	49
Calvert County	11	1	7	19
Prince George's County....	40	23	15	78
Anne Arundel County.....	52	8	35	95
Howard County	52	16	14	82
	<hr/> 191	<hr/> 54	<hr/> 111	<hr/> 356

Total number of county patients..... 1,899

Four counties admitting largest number of patients during the year:

Baltimore.....	393
Allegany.....	150
Frederick.....	142
Harford.....	104

The total number of insane and feeble-minded from the various counties in State, corporate and private institutions and county asylums, according to districts, on September 30, 1919:

FIRST DISTRICT.

	White.		Colored.	Total.
	Insane.	Feeble-Minded.		
Cecil County	49	11	16	76
Kent County	20	2	8	30
Queen Anne's County.....	19	9	8	36
Talbot County	28	9	10	47
Caroline County	26	3	6	35
Dorchester County	58	6	13	77
Wicomico County	25	6	8	39
Somerset County	38	10	8	56
Worcester County	43	5	9	57
	<hr/> 306	<hr/> 61	<hr/> 86	<hr/> 453

SECOND DISTRICT.

Carroll County	60	7	3	70
Baltimore County	258	77	23	358
Harford County	55	31	13	99
	<hr/> 373	<hr/> 115	<hr/> 39	<hr/> 527

THIRD DISTRICT.

Garrett County	30	9	1	40
Allegany County	128	21	9	158
Washington County	72	17	2	91
Frederick County	83	34	19	136
Montgomery County	61	12	25	98
	<hr/> 374	<hr/> 93	<hr/> 56	<hr/> 523

FOURTH DISTRICT.

St. Mary's County.....	16	4	11	31
Charles County.....	18	2	23	43
Calvert County.....	9	1	6	16
Prince George's County....	45	17	12	74
Anne Arundel County.....	45	9	38	92
Howard County	42	13	11	66
	<hr/> 175	<hr/> 46	<hr/> 101	<hr/> 322

Total number of county patients..... 1,825

Four counties admitting largest number of patients during the year:

Baltimore	358
Allegany	158
Frederick	136
Harford	99

SUGGESTIONS REGARDING THE CARE OF THE DANGEROUS AND CRIMINAL INSANE.

The purpose of the Lunacy Commission in bringing to the attention of the Governor and the members of the General Assembly the situation regarding the care of the dangerous and criminal insane is to request their thoughtful consideration of the recommendations embodied in this report concerning better accommodations for this class of patients. There is included in this report a review of the number of prisoners examined at the various penal institutions by the Commission and the disposition made of such cases; also extracts from the law relating to the criminal insane, and a table showing the facilities afforded in other States.

Prior to June, 1916, the Lunacy Commission examined only prisoners supposed to be insane, upon the request of the Boards of Managers of the penal institutions. The General Assembly of 1916 passed an Act allowing the judge of any Court in the State to summon the Lunacy Commission to examine and report to the Court upon the mental condition of a prisoner before trial.

The result of our experience in examining insane criminals in the various penal institutions in Maryland during the past five years has shown conclusively that a large majority of these cases were insane and mentally irresponsible at the time of their trial, and should not have been sentenced to a penal institution as a punishment for the crime committed, but should have been sent to a hospital for the treatment of a disordered mind. Our experience is similar to that of physicians and commissions in other States who come in contact with the insane criminal and who have made a careful examination of these cases. Every year a number of persons are being committed to the prisons and reformatories who are mentally irresponsible, either insane or feeble-minded, and in many instances after serving a short sentence are released from custody to repeat the offense or one possibly more aggravated in character, and are returned to a penal institution to be punished, or, for the purpose of correction; neither of which are justifiable, owing to the patient's enfeebled mentality. The question of "mental responsibility" in criminal cases is one which is demanding and receiving the attention of jurists to a far greater degree now than ever heretofore. We are gradually realizing the importance of studying the "individual" rather than placing so much stress upon the classification of the crime or the various modes of punishment. In many of the cases appearing before the Criminal Court the anti-social conduct of the prisoner is often the result of a disordered mind that may not be self-evident at the time, but requires careful study and patient observation by physicians who are experienced in mental medicine before they can arrive at a clear and comprehensive understanding of the causes underlying or producing the patient's abnormal mental condition.

The situation at the present time in Maryland is in a very unsatisfactory condition for several reasons.

1. There is no separate building at any of the State hospitals for the insane or a separate State institution where the insane or dangerous criminals may be sent.

2. The State has not made sufficient appropriation for the maintenance of all of the insane criminals who are now at the penal institutions awaiting transfer to a State hospital. The State appropriates only \$5000 a year for the criminal insane, based upon a \$200 per capita. This will allow us to take care of just 25 cases,

and there are now about double that number to be supported. The Commission does not deem it advisable to transfer more cases, because there is no other way for the State hospitals to obtain the maintenance for these patients.

3. The examination of a prisoner pending trial must be made by the Lunacy Commission under very adverse circumstances at the City Jail, or in a county jail when the case is from the county. This does not afford an opportunity for careful and prolonged observation, as many of these prisoners are borderline cases, who require careful study before we are able to make a diagnosis.

4. Quite a few of the prisoners examined are not residents of Maryland, and should be returned to their native State. There is no provision in the law whereby this can be done, and it is only in exceptional instances that we are able to get the Supervisors of City Charities, should the patient have been sent to Bayview Asylum, to pay the expense of transportation. There is no provision made to pay for the deportation of cases belonging to other States, although we are constantly having patients brought back to us, the expense of which is borne by the State sending them.

5. When a prisoner in one of the penal institutions becomes insane, he or she is locked in a cell and kept there until the Commission can make the transfer to a State hospital, which often means several months' delay because the quota in the hospital is full, and this frequently results in an aggravation of the mental disturbance.

The Commission feels that as a result of a very careful study of the situation during the past five years the following recommendations are the most practical and the ones best adapted to meet the difficulties now existing and to afford modern care to the patients and properly safeguard the public against further danger from this class of individuals:

1. Make provision by law whereby magistrates and judges have the power to commit an offender suspected of being abnormal to an observation or detention ward for careful study by an experienced psychiatrist. A report on the individual's mental responsibility will determine the further action by the Court.

2. Individuals who develop a mental disorder while in a penal institution, or who are declared to be mentally irresponsible by the Court psychiatrist before trial and require institutional care, are

to be sent to a separate institution, to be erected by the State upon a location to be selected by a commission appointed for this purpose, where the prisoners will remain under the care and treatment of a psychiatrist.

3. This institution will be designed to safeguard the patients as well as the public, yet to afford every modern facility for the proper treatment of this class of patients, to be administered under the supervision of the Lunacy Commission, and to have accommodations for white and negro patients of both sexes.

At the present time the criminal and dangerous insane are scattered among seven different institutions—Spring Grove, Springfield, Crownsville, the Maryland Penitentiary, House of Correction, City Jail and Bayview Asylum—besides those to be found in the county jails.

The State hospitals for the insane have no wards constructed for the purpose of safeguarding the dangerous criminal. The penal institutions have no way of treating these cases, except by locking them in a steel cage. It is either one extreme or the other. The happy medium, the safe, sane and humane way, is provided only in the separate institution as suggested.

SUMMARY OF EXAMINATIONS AND TRANSFERS DURING THE PAST FIVE YEARS.

	1915.		1916.		1917.		1918.		1919.	
	Ex.	Trans.	Ex.	Trans.	Ex.	Trans.	Ex.	Trans.	Ex.	Trans.
House of Correction.....	14	4	5	5	10	3	6	3	4	1
Maryland Penitentiary.....	10	3	4	2	6	1	6	6	6	2
Baltimore City Jail.....	7	3	21	11	14	10	13	7	18	12
Total.....	31	10	30	18	30	14	25	16	28	15

CASES EXAMINED AT THE REQUEST OF THE COURT.

Circuit Court for	1917.	1918.	1919.
Allegany County.....	1	1	1
Baltimore County.....	..	1	1
Harford County.....	..	..	1
Total.....	1	2	3

EXAMINATIONS AT THE PENAL INSTITUTIONS.

During the past two years numerous visits have been made to the Baltimore City Jail, Maryland Penitentiary and House of Correc-

tion for the purpose of examining the alleged criminal insane. Transfers to the State institutions were recommended whenever it was thought advisable, and the appropriation for the care of this class of the insane had not been depleted. The following list will show what has been done:

VISITS TO THE BALTIMORE CITY JAIL.

(At the request of the Criminal Court.)

Dec.	24, 1917.	A. L., examined and transferred to Bay View Asylum.
Jan.	10, 1918.	H. A. C., examined. Paroled—not transferred.
Feb.	21, 1918.	W. H., examined and transferred to Bay View Asylum.
Mch.	16, 1918.	T. W., examined. Mentally deficient—not transferred.
Mch.	19, 1918.	M. S., examined and transferred to Bay View Asylum.
June	17, 1918.	J. J. S., examined and transferred to Bay View Asylum.
Nov.	4, 1918.	J. V., released before the visit of the Commission.
Dec.	28, 1918.	R. S., examined and transferred to Bay View Asylum.
Mch.	4, 1919.	J. R., transferred to Bay View Asylum for observation. Released to Mexican Consul June 12, to be deported.
May	23, 1919.	R. H., examined and ordered transferred to Bay View. Held for re-examination by Court.
July	3, 1919.	R. H., re-examined and ordered transferred to Bay View Asylum. J. M., examined and transferred to Bay View Asylum. R. S. C., examined and transferred to Bay View Asylum.
Sept.	9, 1919.	B. D., examined and transferred to Bay View Asylum.
Sept.	22, 1919.	N. R., examined and transferred to Bay View Asylum.

(At the request of the Board of Visitors.)

Dec.	24, 1917.	H. C. C., examined and transferred to Bay View Asylum for observation. His return to jail requested on January 25, 1918. J. H., examined and transferred to Bay View Asylum. E. W., examined—not transferred.
Feb.	1, 1918.	A. D. R., examined—not transferred. C. D., examined—not transferred.
May	17, 1918.	C. P., examined and transferred to Bay View Asylum.
Mch.	23, 1919.	A. M., released before examination.
Apr.	10, 1919.	J. M., examined—not transferred. Paroled to Prisoners' Aid Association.
Apr.	22, 1919.	B. B., released before examination. C. K., examined and deportation recommended. Later examined at the House of Correction. J. R., examined and transferred to Bay View Asylum.
May	23, 1919.	G. D., examined and transfer to Bay View Asylum recommended, but released on May 26. W. B., examined—not transferred. M. B., released before examination. A. H., examined—not transferred.
July	2, 1919.	G. N., examined and transferred to Bay View Asylum. S. W., examined and transferred to Bay View Asylum.
July	21, 1919.	W. W., examined and transferred to Bay View Asylum.
Oct.	29, 1919.	O. A., examined—not transferred. R. W., examined and transferred to Bay View Asylum.

VISITS TO THE MARYLAND PENITENTIARY.

- Apr. 20, 1918. W. B., examined and transferred to the Crownsville State Hospital.
 E. O., examined and transferred to the Crownsville State Hospital.
 L. L., examined and transferred to the Crownsville State Hospital.
 S. L., examined and transferred to the Crownsville State Hospital.
 J. R., examined and transferred to the Crownsville State Hospital.
 J. S., examined and transferred to the Spring Grove State Hospital.
- June 4, 1919. R. T. B., examined—not transferred.
 C. M., examined—not transferred.
 I. C., examined—not transferred.
 E. M., examined—not transferred.
 W. E., examined and transferred to the Spring Grove State Hospital.
- Sept. 9, 1919. R. T. B., re-examined and transferred to Spring Grove State Hospital.
 L. R., examined—not transferred.

VISITS TO THE HOUSE OF CORRECTION.

- Feb. 28, 1918. B. H., examined and transferred to the Crownsville State Hospital.
- Apr. 29, 1918. W. W., examined—not transferred. District of Columbia case.
 M. B., examined—not transferred.
- July 22, 1918. J. S., examined—not transferred. Not a resident of Maryland.
- Aug. 29, 1918. M. B., examined and transferred to the Crownsville State Hospital.
- Nov. 20, 1918. M. E., examined and transferred to the Spring Grove State Hospital.
- May 28, 1919. G. U., examined and transferred to Spring Grove State Hospital.
 C. S., examined—not transferred.
 W. W., released before examination.
 C. K., re-examined—not transferred. Not a proper charge on Maryland.

EXAMINATIONS MADE AT THE REQUEST OF THE COURT.

- On November 26, 1917, the Lunacy Commission examined W. B. at the Allegany County Jail, at the request of the Circuit Court for Allegany County. The prisoner was found to be insane and his transfer to the Springfield State Hospital recommended to the Court.
- On February 1, 1918, the Lunacy Commission examined G. Y. at the Sheppard and Enoch Pratt Hospital, at the request of the Circuit Court for Baltimore County. The patient was found to be insane, and his treatment at the hospital was recommended by the Commission to be continued.
- On February 20, 1918, the Lunacy Commission examined J. C. at Hagerstown, at the request of the Circuit Court for Allegany County. The prisoner was found to be sane and capable of properly conducting and advising as to his defense.

- On January 22 and also on February 14, 1919, the Lunacy Commission examined N. I. at the Towson Jail, at the request of the Circuit Court for Baltimore County. No decision was arrived at on their first visit, but the prisoner was declared sane by the Commission on February 14.
- On May 8, 1919, the Lunacy Commission examined W. J. at the jail in Cumberland, at the request of the Circuit Court for Allegany County. The prisoner was found to be insane and his transfer to the Springfield State Hospital recommended.
- On September 26, 1919, the Lunacy Commission examined C. H. (colored) in the office of the Commission, at the request of the Circuit Court for Harford County. The prisoner was found to be insane and his transfer to the Crownsville State Hospital recommended to the Court.

LAWS RELATING TO THE CRIMINAL AND DANGEROUS INSANE.

INSANITY AS A DEFENSE IN CRIMINAL CASES.

1888, ART. 59, SEC. 4. 1904, ART. 59, SEC. 4. 1860, ART. 58, SEC. 4. 1826, CH. 197, SEC. 1. 1916, CH. 699, SEC. 4.

4. When any person indicted for a crime, *offense* or misdemeanor shall allege insanity or lunacy in his or *her* defense, the jury impaneled to try such person shall find by their verdict whether such person was at the time of the commission of the alleged offense or still is insane, lunatic or otherwise. The judge of the court in which such indictment is pending shall have full power and authority at any time before trial to order an examination of the mental condition of such person by the Lunacy Commission, which examination shall be made in the same manner and under the same conditions as examinations of convicts are now required to be made by the said Lunacy Commission when summoned to do so by the board of directors of the Penitentiary or House of Correction, pursuant to the provisions of Chapter 715 of the Acts of 1910, codified as Section 44 of Article 59 of the Code of Public General Laws of Maryland of 1910.

IBID. SEC. 5. 1888, ART. 59, SEC. 5. 1860, ART. 58, SEC. 5. 1826, CH. 197, SEC. 1. 1898, CH. 465.

5. If the jury find by their verdict that such person was at the time of committing the offense and then is insane or lunatic, the court before which trial was had shall cause such person to be sent to the almshouse of the county or city in which such person resided at the time of the commission of such act, or to a hospital, or some other place better suited, in the judgment of the court, to the condition of such prisoner, there to be confined until he shall have recovered his reason and be discharged by due course of law. And any judge of the Circuit Court for any county where such person is detained or of the Supreme Bench of Baltimore City, as the case may be, may, upon habeas corpus proceedings, make any order, absolute or conditional, for the permanent or temporary discharge of the person upon satisfactory proof of permanent or temporary recovery.

IBID. SEC. 6. 1888, ART. 59, SEC. 6. 1860, ART. 58, SEC. 6. 1826, CH. 197, SEC. 2. 1916, CH. 699, SEC. 6.

6. Whenever any person charged with the commission of any crime, offense or misdemeanor shall appear to the court or be alleged to be a lunatic or insane, or if the court shall have any reason to suspect that

such person may be a lunatic or insane, the court may cause the Lunacy Commission to inquire whether such person is at the time of such inquiry insane or lunatic, or of such mental incapacity as to prevent such person from properly conducting his or her defense or advising as to the conduct of his or her defense; and if the Lunacy Commission shall find that such person is at the time of such inquiry insane or lunatic or of such mental incapacity as to prevent such person from properly conducting his or her defense or advising as to the conduct of his or her defense, the court shall in its discretion direct such person to be confined in one of the institutions referred to in the preceding section until he or she shall have recovered and shall stay the proceedings against such person until that time, and upon recovery the court shall proceed with the trial of the charge pending against such person. The inquisition by said Lunacy Commission shall be made in the same manner and under the same conditions as examination of convicts are now required to be made by the said Lunacy Commission when summoned to do so by the board of directors of the Penitentiary or House of Correction pursuant to the provisions of Chapter 715 of the Acts of 1910, codified as Section 44 of Article 59 of the Code of Public General Laws of Maryland of 1910.

1904, ART. 59, SEC. 7. 1888, ART. 59, SEC. 7. 1860, ART. 58, SEC. 7. 1826, CH. 197, SEC. 3.

7. If during the recess of the Circuit Court for any county, or the Criminal Court of Baltimore, any person appearing or alleged to be insane or lunatic shall be arrested and charged with any crime or misdemeanor before the judge thereof, the said judge shall issue an order to the sheriff of the county or city where said offense has been committed, requiring him forthwith to summon a jury of 12 good and lawful men and to charge such jury to inquire whether such person was lunatic or insane at the time such offense was committed and still is so; and if the jury find that the party charged was insane or lunatic at the time of the commission of the offense and still is so, the judge shall commit such person as directed in the preceding section.

IBID. SEC. 8. 1888, ART. 59, SEC. 8. 1860, ART. 58, SEC. 8. 1828, CH. 201.

8. The provisions of the preceding section shall apply to the case of any person who may be arrested on any process issued by any court or judge of this State, founded on oath, requiring security to keep the peace, and who shall fail to give such security.

IBID. SEC. 9. 1888, ART. 59, SEC. 9. 1860, ART. 58, SEC. 9. 1826, CH. 197, SEC. 3.

9. If any insane or lunatic person mentioned in the three preceding sections shall be possessed of real or personal property, the annual profit or rent of which shall be adequate to his reasonable support in any hospital or asylum for the reception of insane or lunatic persons, the court or judge shall appoint a trustee for the estate of said lunatic or insane person and shall require the said trustee to give bond to the State of Maryland in such penalty and with such security as the court or judge shall approve, with condition that he will cause the said lunatic or insane person to be confined and supported in some hospital or insane asylum until such person shall have recovered his reason, and that he will faithfully administer and fully account for all such estate, income and effects of said lunatic or insane person as shall come to his possession or be under his care or direction.

LUNACY COMMISSION OF

COMMISSION TO EXAMINE INSANE CONVICTS.

1910, CH. 715, SEC. 38-f. 1916, CH. 556, SEC. 648.

44. Whenever the State Board of Prison Control may deem it necessary, they shall have full power to summon the Lunacy Commission to examine and pass upon the mental condition of any convict in any of said institutions, and if the convict so examined be adjudged insane by said Commission, or a majority thereof, and removal for treatment be deemed advisable, said Commission shall make complaint to the court having criminal jurisdiction in the county or city where the convict is imprisoned in any of said institutions, which shall have the power to order the removal of such insane convict to some insane asylum within the State for treatment, and all expenses incurred in the removal and support of said insane convict shall be borne by the State.

INSANE CONVICTS.

1914, CH. 401.

44-A. The Lunacy Commission is hereby directed immediately after April 10, 1914, to remove all criminal insane convicts now confined or who may hereafter be confined in the Maryland Penitentiary and the House of Correction and to place the same in such State hospitals as said Commission may deem proper.

TABLE SHOWING THE FACILITIES AFFORDED THE CRIMINAL AND DANGEROUS INSANE IN OTHER STATES.

Separate Hospital.

Illinois—Chester State Hospital at Menard.
 Massachusetts—Bridgewater State Hospital.
 Michigan—Ionia State Hospital.
 New York—Matteawan State Hospital.
 Dannemora State Hospital.
 Ohio—Lima State Hospital.
 Pennsylvania—Hospital for Criminal Insane, Fairview.
 Wisconsin—State Hospital for Criminal Insane, Waupun.

Separate Building at a State Hospital.

Alabama—Separate building at the Tuscaloosa State Hospital.
 Louisiana—Separate building at the East Louisiana State Hospital.
 New Jersey—Separate building at the Trenton State Hospital.
 Maine—Separate building at the Augusta State Hospital.
 Virginia—Separate building at the Southwestern State Hospital, Marion.
 Separate building at the Central State Hospital, Petersburg.

Separate Building in Connection with the State Prison or Penitentiary.

California—Separate building at Folsom (State Prison).
 Iowa—Separate building at Anamosa (State Penitentiary).
 Kansas—Separate building at Penitentiary.
 Washington—Separate building at Penitentiary.
 North Carolina—Separate building at Penitentiary.
 Colorado—Ward in State Penitentiary.
 Indiana—Ward in State Penitentiary.

Separate Ward at a State Hospital.

Connecticut—Separate ward at the Middletown State Hospital.

Georgia—Separate ward at the State Sanitarium, Milledgeville.

Maryland—Separate ward at the Spring Grove State Hospital.

Separate ward at the Crownsville State Hospital.

Minnesota—Separate ward at the St. Peter State Hospital and also State Prison at Stillwater.

New Hampshire—Separate ward at the New Hampshire State Hospital, Concord.

Rhode Island—Separate ward at the State Hospital.

Vermont—Separate ward at the State Hospital.

CARE OF SOLDIERS SUFFERING FROM MENTAL DISORDERS.

A number of drafted and enlisted men, after undergoing intensive training at the various cantonments throughout the country, became mentally disabled or were found to be mentally defective, and in accordance with the policy of the Federal Government, were returned to Maryland for treatment in a State hospital. These cases were referred to the Lunacy Commission by the commanding officers at the training camps, or in many instances by the commanding officer of the Army General Hospital to which the soldier had been sent for observation and treatment. The Commission adopted the plan of sending each man to the hospital nearest his home, where they were cared for at the expense of the State. In a number of cases recoveries were made and the soldier returned to his former place in civilian life.

WAR RISK INSURANCE BENEFICIARIES.

Another class of soldier to be cared for in our State hospitals is the so-called War Risk Insurance beneficiary. These men are discharged soldiers and sailors who have become insane in service. The policy of the Government in these cases is to return them under military guard to one of the State hospitals, where care and treatment can be conducted as near as possible to their families and friends. On entering the hospital they automatically become claimants for compensation under the War Risk Insurance Act, and their maintenance and care are assumed by the Bureau of War Risk Insurance. This plan is considered the most humane way of caring for the men disabled in service, and the superintendents of the State hospitals have co-operated to the fullest extent with the Government authorities. These men are released when sufficiently recovered, but in the event of a recurrence of their mental disorder

they may be returned to the hospital for further care, again at the expense of the Bureau of War Risk Insurance.

SUICIDES.

Spring Grove State Hospital.—February 25, 1919. B. H. S., a pantryman for many years at the hospital, committed suicide by firing a bullet into his head while standing on the ice chute of the pond, and drowned in the pond.

Sylvan Retreat.—April 7, 1919. G. C. committed suicide by gashing his throat with a razor blade after an attendant had finished shaving him.

Springfield State Hospital.—September 17, 1919. A. F. G. committed suicide by hanging himself from the iron lattice work on the porch of his ward.

SERIOUS ACCIDENTS.

The Richard Gundry Home.—January 22, 1918. J. T. attempted suicide by cutting his throat with a blade of a safety razor. Patient recovered.

Crownsville State Hospital.—January 24, 1918. C. M. sustained injuries in a fight with an attendant in the dining-room of the hospital. In a general melee he was injured, and died at the Mercy Hospital January 25.

January 18, 1918. J. S. S., newly-admitted patient, became violent and ran amuck in the dining-room of the hospital. Received a bruise over the left eye while being overcome and removed from the room. He died on January 19 from nephritis.

Patapsco Manor Sanitarium.—February 16, 1919. K. P. was accidentally drowned at the institution.

THIRD BIENNIAL REPORT OF THE CO-OPERATIVE PURCHASING COMMITTEE OF THE STATE HOSPITALS AND TRAINING SCHOOLS.

(A condensation of Reports for Fifth Fiscal Year, beginning October 1, 1917, ending September 30, 1918, and Sixth Fiscal Year, beginning October 1, 1918, ending September 30, 1919.)

CO-OPERATIVE PURCHASING COMMITTEE.

DR. J. PERCY WADE, Chairman.

R. A. ATKINSON, Chief Clerk.

DR. FRANK W. KEATING, Secy.-Treas.

HELEN E. PARSONS, Assistant.

The Co-operative Purchasing Committee of the State Hospitals and Training Schools is now well into its seventh year of continuous and successful operation, having been organized in June, 1913. It was organized primarily by the superintendents of the State Hospital for the Insane and Training School for Feeble-Minded Children, and was so operated until 1917, when the Maryland School for Boys became interested and began to purchase their supplies through the committee. In 1918, when the Maryland School for Boys was taken over entirely by the State and its name changed to the Maryland Training School for Boys, it was taken into full membership in the committee, and our name changed to "Co-operative Purchasing Committee of the State Hospitals and Training Schools."

The committee at present is composed of the following institutions:

Springfield State Hospital, Sykesville, Md. Dr. J. C. Clark, superintendent.

Spring Grove State Hospital, Catonsville, Md. Dr. J. Percy Wade, superintendent.

Rosewood State Training School, Owings Mills, Md. Dr. Frank W. Keating, superintendent.

Crownsville State Hospital, Crownsville, Md. Dr. Robt. W. Winterode, superintendent.

Eastern Shore State Hospital, Cambridge, Md. Dr. Chas. J. Carey, superintendent.

Maryland Training School for Boys, Loch Raven, Md. Mr. L. C. Faulkner, superintendent.

That this committee has proven a success from every standpoint has been unquestionably proven. Starting in a small way in 1913, in one small room in the Union Trust Building, purchasing at first only groceries, dry goods and notions, first more as an experiment to ascertain if it was a feasible and practical plan, and now, after more than six years of operation, it has succeeded and grown to such an extent until now practically everything used in the State hospitals and training schools, from a paper of pins to a carload of coal, is purchased through this office on "competitive bids."

No supplies are purchased except upon written and signed requisitions from the superintendents of the institutions.

The name of our committee, "Co-operative," at once expresses the method we employ in purchasing the supplies. It is in itself the very keynote of the whole system. Webster defines the word "co-operative" as "working jointly together to promote the same end." The "end" we set out to accomplish we feel we have successfully done—save the State money in the purchase of supplies for the institutions under our care!

It is a fact that one State institution can purchase its supplies just as cheaply and advantageously as another, but it is further a fact that six State institutions can, by combining their requirements of various articles, obtain a much cheaper and lower price than one alone can do. All State institutions acting separately and independently are allowed the same discounts by the merchants from whom they buy, but by them acting jointly and combining their requirements they not only obtain the discounts, but are given much closer quotations on account of the "volume of business." To illustrate: A wholesale merchant will name a very much lower figure on, say, 6000 pounds of a given article, representing the requirements of six institutions, than he would on 1000 pounds of the same article, representing the requirement of one institution. This we have demonstrated and proven time and again by actually asking for quotations on the requirements of one of the smallest institutions and then asking for quotations on the requirements of the same articles on the combined amounts of the six institutions we represent. It can be seen at once to what mutual advantage this works, or by adding the amount of the smaller institution to

the others the smaller institution is given the same price, and his small amount helps just that much more to increase the total quantities.

We have found that the system we employ has not only proven entirely satisfactory in every way to our institutions, but that the merchants or bidders themselves are much in favor of it. From their point of view, it enables them to know just what their competitor is doing and the prices he is quoting, as all the bids and figures are a matter of public record at any time. A bidder can come to our office and see the tabulated bids and get any information he wants on the subject. We have found after these years of experience that any merchant who is willing to enter into fair and just competition gladly welcomes our method of purchasing the supplies. The merchant thus bidding also has the satisfaction of knowing that if his price is right, he will get the business not of just *one* institution, but of *six* institutions as a whole. Under the old system of separate and independent buying the merchants felt that "personalities" and "favoritism" oftentimes were indulged in, but under our system they know that there is no possible chance for this, as all are on an equal basis and if their prices are right they will get the business.

We have so "standardized" and "systematized" our purchases that all the institutions use practically the same articles, and combining their amounts is an easy matter.

The committee has proven of inestimable value to the institutions and superintendents in many ways. In the first place, the office of the committee is also the city office of the superintendents of the institutions comprising it, where they may make appointments to meet those having business with the institutions they represent. A tremendous amount of time is saved the superintendents under this system of purchasing supplies, as only one day each month is devoted to the awarding of contracts for the next three months, and thus they accomplish in one day what they formerly had to look after practically each day throughout the month. The centralization of purchases has also relieved them from the necessity of having to devote much of their valuable time to seeing and interviewing traveling salesmen for various articles, as they are now referred to the committee's office, where full information can be obtained and their wares put before the superintendents on their specified meeting dates. This gathering together one day each

month of the superintendents of the institutions, who are all engaged in the same line of work, not only promotes a most friendly and cordial feeling among them, but provides an opportunity for a general discussion of matters for the good of their various institutions and an exchange of views and ideas.

The expense of the committee is met by a prorated assessment on each institution, based upon its population. The total is not large when the amount of work and the saving is taken into consideration.

As we all know, the year 1918 was the hardest one any of us ever had, as everything was so completely upset during the world war, but the committee was fortunate in maintaining its same organization and clerical force, and while we found it hard to procure some articles at all, owing to the United States Government's requisitioning of same, on the whole we feel that we fared very well, indeed, for it is a fact that the United States Government recognized that our institutions absolutely had to be supplied whenever possible, and in many cases gave them priority rights in purchasing next to the Government itself and the railroads.

We have been rather unfortunate in the past few years in securing a permanent location for our offices, being forced to move twice in the last two years, but each time for a very good reason. In 1918 we gave up the offices we were occupying to the Baltimore Chapter of the American Red Cross, as they were opposite their general headquarters and were needed; this we gladly and cheerfully did. This year we were again forced to move, as the building we were occupying was sold and demolished to make way for some other improvement. We now have splendid offices on the third floor of a building corner of Liberty and Clay streets, having the entire third floor, the only disagreeable feature being that the building has no elevator. Fortunately for us, the expense of these moves has been very little, as each institution has sent their men and trucks to help with the work.

We will not attempt here to give a lot of figures and statistical data, but think it will be of great interest to show here by figures taken at random and indiscriminately from our card index the increased cost in certain commodities in the sixth fiscal year over the fifth fiscal year, and give only the total amounts expended through this office for both of these years covered by this report.

Total amount expended through this office fifth fiscal year....\$384,137.24
 Total amount expended through this office sixth fiscal year... 377,010.55

Total for the *third* biennial period.....\$761,147.79

Detailed amounts and figures covered in the above amounts are on file in our office and will be gladly furnished upon application.

	Av. cost 5th fiscal year, 10/1/17- 9/30/18.	Av. cost 6th fiscal year, 10/1/18- 9/30/19.	Percent- age of Increase.
Groceries			
Sugar (cane), gran., bbls., per lb.....	.08	.0993	24.1%
Rice (W. H.), 100-lb. bags, per lb.....	.03	.103	62.0%
Peaches (evap.), 50-lb. boxes, per lb.....	.1180	.175	48.3%
Salt (table), fine, 100-lb. bags, per lb.....	.026	.039	50.0%
Lard compound, 50-lb. tins, per lb.....	.208	.24	15.3%
Coffee (Rio No. 1), 100-lb. bags, per lb....	.11	.196	78.1%
Flour:			
Wheat flour (Spring Pat.), 98-lb. bags, per bbl.....	10.44	11.57	18.2%
Dry Goods:			
Mattress ticking, 32", per yd.....	.28	.40	43.8%
Percale (Windsor-Premier), per yd.....	.2687	.35	30.2%
Diaper cloth (Red Star), 24", per yd....	.15	.17	13.3%
Apron checks (Otis), per yd.....	.315	.339	76.1%
Hickory shirting (striped), 30", per yd...	.25	.261	44.0%
Canton flannel, 33", per yd.....	.29	.309	65.5%
Notions:			
Women's hose (cotton), gray and brown mixed, per doz.....	1.53	2.17	38.5%
Men's white negligee shirts, per doz.....	10.88	15.75	43.8%
Men's socks (cotton), gray and brown mixed, per doz.....	1.74	1.77	17.2%
Men's canvas work gloves (cotton), per doz.	1.28	1.39	85.9%
Corsets (med.), assorted sizes, per doz...	6.12	9.60	56.8%
Drugs and Chemicals:			
Aromatic spirits ammonia, per qt.....	1.79	2.05	14.5%
Bensothymol, per gal.....	3.77	3.95	47.0%
Gum camphor, per lb.....	1.14	2.72	138.0%
F. E. lockspur, per gal.....	9.29	12.61	35.7%
C. T. cocaine hydrochloride, per M.....	70.80	92.75	30.0%
Blue ointment, per lb.....	1.12	1.25	11.6%
Coal:			
Anthracite—No. 2 (egg), f. o. b. mines, per ton.....	5.25	5.85	11.4%
Anthracite—No. 3 (stove), f. o. b. mines, per ton.....	5.50	6.10	10.9%
Bituminous (R. M.), per ton.....	3.20	2.93	P. C. of dec. 8.4%

It will be seen that bituminous coal was decreased in 1919 over 1918, while anthracite coal was increased.

This is due to the fact that during the world war all coal prices were fixed by the United States Fuel Administration. There was such a tremendous demand for bituminous coal during this time that the Government fixed the price at \$3.20 per ton f. o. b. mines, whereas after the war this great demand was not made, owing to curtailment of industries engaged in war work, but the production continued the same; therefore, the price declined. While it is a very small percentage of decrease, still it was encouraging. On the other hand, while the anthracite coal price was also fixed by the Government, the supply never equaled the demand for same; therefore, when the Government restrictions were lifted, the price on this grade of coal advanced. In the matter of coal, it is simply a question of the law of supply and demand.

SECTION II

REPORT OF THE STATE HOSPITALS FOR
THE INSANE AND FEEBLE-MINDED.

CORPORATE HOSPITALS AND PRIVATE SANITARIA
FOR THE TREATMENT OF NERVOUS AND
MENTAL DISEASES, DRUG AND
ALCOHOLIC ADDICTIONS.

CITY AND COUNTY ASYLUMS
FOR THE INSANE.

SPRING GROVE STATE HOSPITAL.
CATONSVILLE.

BOARD OF MANAGERS.

G. CLEM GOODRICH, President, Baltimore County.	DANIEL RANDALL, Baltimore City.
LOUIS MULLER, Vice-President, Baltimore City.	SAMUEL E. REINHARD, Baltimore City.
HOWARD BRYANT, Secy.-Treas., Baltimore City.	RICHARD F. GUNDY, M.D., Baltimore County.
GORDON T. ATKINSON, M.D., Somerset County.	ROBERT W. THOMAS, Queen Anne's County.
KEY COMPTON, Baltimore City.	

OFFICERS OF THE HOSPITAL.

Superintendent—J. PERCY WADE, M.D.
Assistant Physicians—R. EDWARD GARRETT, M.D., JOHN G. RUNKEL, M.D.
Pathologist—ARTHUR L. WRIGHT, M.D.
Steward—S. THOMAS BROWN.
Accountant—B. COMPTON GRAHAM.

Total number of patients in hospital on October 1, 1917.....	791
Admitted during the biennial period October 1, 1917-October 1, 1919.....	372
Discharged as recovered, October 1, 1917-October 1, 1919.....	56
Discharged as improved, October 1, 1917-October 1, 1919.....	76
Discharged as unimproved, October 1, 1917-October 1, 1919.....	58
Died, October 1, 1917-October 1, 1919.....	194
Total number of patients in hospital on October 1, 1919.....	779

EXTRACTS FROM THE 121ST AND 122D ANNUAL REPORTS OF THE
SUPERINTENDENT.

Movement of the Population.

The past two years have been the most active in the movement of the population. There were more patients admitted to our wards for treatment, a larger daily average under care and a greater number of discharges. It has also been a period filled with many disadvantages and difficulties, resulting from the unsettled state of our country during the period of the war, the increased cost of all material and food supplies and the inability to obtain and retain employes to carry out successfully the routine work of the hospital. However, operating as we did under many disadvantages and handicapped by depletion of the medical, clerical and nursing force, due

to the demand of our country for their services in more important fields, we obtained exceptionally good results.

The standard of care for those unfortunates under our charge was not allowed to be lowered, although for many months the number of patients entrusted to the supervision of the individual nurse was doubled.

It would not be amiss in the beginning of the report to make mention of the loyal and devoted services and the interest manifested by those employes who refused to sever their connection with the hospital, although subject to long hours and added duties. A number of the more intelligent patients also contributed their services in assisting in the care of their fellow-inmates. At one time we had four patients on night duty, supervising the wards, and one patient who had charge of ten others at work on the grounds.

The number of patients admitted is 71 in excess of the last period, an increase of 20 per cent. Fortunately, the number of discharges were proportionally great, which prevented a considerable crowding of the wards. The increase in the number of admissions was no doubt in a measure due to many conditions connected with the war period, which resulted in mental disturbances in those individuals of inferior mentality.

This hospital, as well as the other State institutions, has received for treatment a number of soldiers suffering from war psychoses. An arrangement was made with the War Risk Bureau for their care as well as maintenance. Up to September 30, 12 of these men were received, of whom 7 were suffering from dementia praecox, 3 from manic depressive insanity and 2 from general paresis. Of the 12 admitted, only 3 remain in the institution, 3 of them recovered, 1 died and the remainder showed improvement and were taken home by relatives. After a long absence from home the relatives are anxious to give these men a trial under home surroundings, and a parole is recommended in cases where the patient is not likely to be a disturbing factor in the family or community.

Ninety-two patients, a percentage of 25 on the average number under treatment, were discharged as recovered, a highly gratifying result when the large number of admissions suffering from some form of incurable mental disorder is considered.

The general health of the institution has been very good, although the death rate is higher than usually reported. The admission of many cases of advanced age as well as poor physical conditions of a

number of others would in a large measure account for this increase.

Pulmonary tuberculosis was the cause of the greatest number of deaths; 26 succumbed to this prevalent disease. Attention is called to the fact that of this number, 5 were males and 21 were females, and at the present writing there are no male patients in the hospital suffering from the disease, whereas 12 females are under treatment in the tubercular cottage. This great difference is undoubtedly due to the inability to provide constant and suitable outdoor occupation for the female patients. They are more inclined to remain indoors during the winter months, except for daily walks, and do not adapt themselves to outdoor work, as do the men.

Following the tuberculosis, apoplexy, chronic Bright's disease of the kidneys and general paresis were the principal causes of death. We were entirely free from typhoid fever or any infectious fevers. Several cases of a mild fever made their appearance during the summer months. These cases showed a negative reaction, and all recovered without demonstrating any special symptoms.

We were extremely fortunate in escaping the ravages of the epidemic of influenza, which was so prevalent and fatal last winter. There were only 10 cases among the patients, of whom 2 died from the disease.

SPRINGFIELD STATE HOSPITAL.

SYKESVILLE.

BOARD OF MANAGERS.

GOVERNOR EMERSON C. HARRINGTON,	WADE H. D. WARFIELD,
President.	Carroll County.
JOHN HUBNER, Vice-President,	C. WILBUR MILLER,
Baltimore City.	Baltimore County.
JOHN M. DENNIS, Treasurer,	WILLIAM H. FORSYTHE,
Baltimore City.	Howard County.
HUGH A. McMULLEN,	WILLIAM S. EVANS (Deceased),
Comptroller of the Treasury.	Cecil County.
WILLIAM P. JACKSON,	
State Treasurer.	

OFFICERS OF THE HOSPITAL.

Superintendent—J. CLEMENT CLARK, M.D.
 Clinical Director—HARRY D. PURSUM, M.D.
 Resident Physician, Men's Group—JOHN N. MORRIS, M.D.
 Resident Physician, Women's Group—MAUD M. REES, M.D.
 Assistant Physicians—J. L. WETHERED, M.D.,
 HENRY F. BUETTNER, M.D. (Resigned),
 FRANK N. OGDEN, M.D. (Resigned).
 Secretary—C. LOWNDES BENNETT.

Total number of patients in hospital on October 1, 1917.....	1,472
Admitted during the biennial period October 1, 1917-October 1, 1919.....	734
Discharged as recovered, October 1, 1917-October 1, 1919.....	111
Discharged as improved, October 1, 1917-October 1, 1919.....	227
Discharged as unimproved, October 1, 1917-October 1, 1919.....	79
Died, October 1, 1917-October 1, 1919.....	315
Total number of patients in hospital on October 1, 1919.....	1,474

EXTRACTS FROM THE SEVENTH BIENNIAL REPORT OF THE SUPERINTENDENT.

Movement of Population.

The number of admissions for the two years (734) has been the largest yet received. While this is the case, the resident population is but slightly changed, there having been more cures, discharges and deaths. The population, therefore, has been a changeable one. The expected increase of patients from the stress and strain of war did not materialize. While there were a few cases attributed to this cause, the patients had had previous attacks and were of unstable nervous organization. Among the admissions were 14 insane soldiers and sailors sent us by the Bureau of War Risk Insurance, some of whom had seen service "over there," others coming from the various encampments throughout the country. Eleven are still with us.

The percentage of discharges as recovered (23 per cent.) is the largest for years. No doubt this is due to the early treatment and means in vogue at the Hubner Psychopathic Hospital.

The death rate (8.4 per cent.) is the largest yet recorded, and is due to the epidemic of influenza. We had in all 188 cases at the Men's Group, with 38 deaths, and 143 cases at the Women's Group, with 3 deaths, and 75 cases among our nurses, attendants and employes without a single death, though many of them were extremely ill.

The general health of the patients, barring influenza and its complications, has been good, no other epidemic appearing. Typhoid fever is now unknown, all patients and employes being inoculated when they first enter the hospital.

Employment of Patients.

An average of 60 per cent. of the patients are employed in some useful occupation. The women of this country have not been used

to farm work, and we could never get our women patients or nurses interested in cultivating or gathering vegetables or fruit. It took the war and its many necessities to arouse them. Our women patients have been as fully aroused to the necessity of winning the war and in doing their bit as the women of the country generally, and we all know what that has meant. They have helped cheerfully in planting, gathering and canning our crops. In canning they have been particularly useful, and have worked daily, and even at night when necessary.

CROWNSVILLE STATE HOSPITAL.

CROWNSVILLE.

BOARD OF MANAGERS.

EMERSON C. HARRINGTON, Governor.	HUGH H. YOUNG, M.D. (Resigned), Baltimore City.
WILLIAM P. JACKSON, State Treasurer.	WALTON H. HOPKINS, M.D., Anne Arundel County.
HUGH A. McMULLEN, Comptroller of the Treasury.	HENRY P. MANN, Baltimore County.
WILLIAM L. MARBURY, President, Baltimore City.	JOHN T. DAILY, Baltimore City.
HARRY J. HOPKINS, Secy.-Treas., Anne Arundel County.	WILLIAM P. GUNDRY, Baltimore County.

OFFICERS OF THE HOSPITAL.

Superintendent—ROBERT P. WINTERODE, M.D.
 Assistant Physician—CHARLES G. TUMBLESON, M.D.
 Pathologist—NOLAN D. C. LEWIS, M.D.
 Purveyor and Accountant—WILLIAM F. HUNT.

Total number of patients in hospital on October 1, 1917.....	551
Admitted during the biennial period October 1, 1917-October 1, 1919.....	283
Discharged as recovered, October 1, 1917-October 1, 1919.....	28
Discharged as improved, October 1, 1917-October 1, 1919.....	39
Discharged as unimproved, October 1, 1917-October 1, 1919.....	18
Died, October 1, 1917-October 1, 1919.....	222
Total number of patients in hospital on October 1, 1919.....	527

EXTRACTS FROM THE FOURTH BIENNIAL REPORT OF THE SUPERINTENDENT.

Survey and Recommendations for New Boiler Plant.

During the past year the condition of the water and steam pipe lines and plumbing fixtures throughout the buildings became so serious on account of the presence of iron in the water, prior to the installation of the water softening and purifying plant, that it became urgent that an investigation be made.

As a result of this investigation a report was submitted by Mr. Charles L. Reeder on April 14, 1919, giving in detail the actual or existing conditions of the various steam and water piping and plumbing fixtures and the approximate cost for the replacement of all this work.

Coincident with the making of this investigation and report, the condition of the existing boilers and boiler plant was fully noted. Results of this report showed that the present boilers had depreciated to such an extent as a result of the water as to render their further use problematical, and included recommendations for the removal of the boiler plant from its present location in the service building to a new location, adjacent to the coal trestle.

The plant in its new location would be made an integral part of the pumping plant, and could be ideally located from the standpoint of coal and ash handling, keeping all this away from the main building.

Based on these recommendations, plans and specifications were developed and bids obtained for the extension of this work. Contracts for the work, which is now in course of construction, have been awarded to the John Waters Building Co. and the H. E. Crook Company of Baltimore.

When completed the boiler plant will have a capacity of 450 horsepower, with future space for 150 horsepower additional, without any change in the building, and with a brick chimney of sufficient capacity to care for this total power.

In addition, there will be such pumping equipment, heaters and tanks necessary to operate the same properly. The new plant will further house a complete central hot-water system, which will heat all of the water required for washing, cooking and laundry services. This will remove all of the existing individual hot-water heaters from the different buildings, and will provide for the heating and distribution of the water in the most economical manner.

A new pipe conduit will also connect underground between the power plant and the reception building to provide duplicate steam service to the buildings.

The work of constructing the new building is now well under way, and the installation of the new water and steam lines replacing the present piping in the buildings is about 50 per cent. completed. By the installation of the new central power plant as well as the centralization of the hot-water heating equipment it is esti-

mated there will be an annual saving of coal, to which would be added the advantage of the centralization of these utilities. The new location, furthermore, affords the advantage of expansion of the plant to more than meet the greatest growth of the institution.

Class for Deficient Children.

Through the efforts of Miss Amy C. Hearn, superintendent of nurses, a class for this group has been organized with most encouraging results. A daily period of an hour and a half is devoted to the teaching of the three R's, tracing and coloring of pictures with crayons and singing of nursery rhymes. Several of the class have shown considerable aptitude for free-hand drawing, and their copy-books are models of neatness. The enjoyment and resulting beneficial moral influence have amply repaid the venture, to say nothing of the pupils' apparent pride in knowing they are given opportunities to learn. Qualification for class membership is a good-behavior record.

EASTERN SHORE STATE HOSPITAL.

CAMBRIDGE.

BOARD OF MANAGERS.

GOVERNOR EMERSON C. HARRINGTON, President.	WILLIAM W. BECK, Kent County.
J. HOOPER BOSLEY, Secy.-Treas., Derchester County.	CHARLES F. RICH, Queen Anne's County.
HUGH A. McMULLEN, Comptroller of the Treasury.	LEWIS M. MILBOURNE, Somerset County.
WILLIAM P. JACKSON, State Treasurer.	FRANK ROSS, Talbot County.
WILLIAM T. WARBURTON, Cecil County.	JESSE D. PRICE, Wicomico County.

ORLANDO HARRISON,
Worcester County.

OFFICERS OF THE HOSPITAL.

Superintendent—CHARLES J. CAREY, M.D.
Clerk—W. S. ARMIGER (Resigned).

Total number of patients in hospital on October 1, 1917.....	253
Admitted during the biennial period October 1, 1917-October 1, 1919.....	151
Discharged as recovered, October 1, 1917-October 1, 1919.....	13
Discharged as improved, October 1, 1917-October 1, 1919.....	45
Discharged as unimproved, October 1, 1917-October 1, 1919.....	20
Died, October 1, 1917-October 1, 1919.....	77
Total number of patients in hospital on October 1, 1919.....	249

EXTRACTS FROM THE THIRD BIENNIAL REPORT OF THE
SUPERINTENDENT.

In making this report it must be realized that it covers a period incomparable in difficulties to any other period in recent times. The unusual conditions of the past biennium have been such as to seriously handicap the management in the proper conduct of the hospital, and caused it to discard the policy of prudent economy that was practiced in normal times, and forced it into a condition whereby the buildings are not being kept in proper repair and its patients are not receiving some of the considerations that are expected in every well-equipped and well-conducted institution for the insane.

Among the adverse conditions working hardships on the hospital, perhaps the greatly increased cost of all commodities necessary to the hospital has caused the greatest trouble. With our appropriations hardly adequate in normal times, we have been confronted with a two-year period marked by the highest cost of all the necessities known in my whole experience of many years. Prices have doubled, trebled and, in some cases, are four times that of average years.

Under these unfortunate circumstances it has been necessary to abandon all idea of proper repairs to the hospital buildings in order that the absolutely essential provisions might be obtained to prevent serious privation to our unfortunate inmates.

Ordinary replacements have in most instances been impossible; no improvements have been made, no furniture purchased—in fact, our whole policy has necessarily been, in order that we might escape a deficit at the end of the two-year period, to let the future take care of itself. This, as you know, is in the end the most expensive way to conduct the institution. The buildings are rapidly disintegrating for want of painting; outside doors need renewal; windows need repairs; machinery and pipes are badly in need of a thorough overhauling, and unless these and many other things are attended to in the very near future it will cost very much more before long, when complete renewals will have to be made.

The recommendations given the Legislature in previous years by the Board of Managers of the hospital for repairs and improvements have been entirely disregarded, but it is hoped that the coming Legislature will exercise a broader and more liberal judg-

ment toward our hospital, as no advancement is possible so long as the appropriations are made without proper knowledge and without apparent interest in their necessity.

Improvements and Additions.

Under this heading I feel that it is not only my bounden duty, but a paramount duty incumbent upon me to call the attention of your Honorable Body again to the urgent necessity for the much-needed additions by the hospital on a reasonably equal footing with other institutions of its kind in this and other States; and I find that the urgency and necessity for these requirements fully justify me in repeating the statements as set forth in my biennial report of 1917. The conditions and requirements as then set forth are as urgent and necessary today as they were at that time, and, in fact, they are more so, as the failure on the part of the authorities to make any appropriation to cover the cost of the additional buildings asked for or to complete the scheme or purpose of the hospital lay-out as originally planned and contemplated leaves the institution in an incomplete and makeshift condition, and places the management in an embarrassing and anxious position in caring for the patients entrusted to their care, especially when epidemics and contagious diseases are threatened, and furnishes the people of this section of the State just grounds and justifiable reasons for criticisms and complaint.

This is not a matter of mere sentiment, but it is a question of pure justice and fairness. The nine counties of the Eastern Shore, for which this hospital was organized and established, to care for the unfortunates of this section, comprises nearly one-half of the political units of the Commonwealth, and it is a case of simple justice to the people who represent this section of our State that this institution should receive the same consideration and be provided with necessary buildings, equipment and appliances that are required to provide for the care, comfort and health of its inmates as other institutions of the State, and that this hospital should be, and the people have a right to expect it to be, placed on the same footing as other institutions of its kind that are being maintained by the general revenues of the State; and, while the buildings and equipment are not required to be so extensive as others, they feel that this hospital should receive the same attention and all neces-

sary requirements be provided for the care and protection of this unfortunate class, or at least made as comfortable and complete in all its appointments as the penal institutions of the State.

Therefore, I take the liberty to urge and suggest to your Honorable Body to take the necessary steps to lay the just claims of this hospital before the constituted authorities of the State, and that by an organized and co-operative effort on the part of the directorate and a committee of representative citizens from each county of the Shore urge the seriousness of the situation and the justice of their claims, and I am encouraged to indulge the hope that adequate appropriations can and will be made to meet all requirements, and that this hospital will be placed in a condition that all the people of this section and the governing body and the management will be proud of.

ROSEWOOD STATE TRAINING SCHOOL.

OWINGS MILLS.

OFFICERS OF THE BOARD.

CHARLES G. HILL, M.D., President, BENJAMIN BISSELL, Treasurer,
Baltimore City. Baltimore City.
FRANK W. KEATING, M.D., Secretary,
Owings Mills.

OFFICERS OF THE HOSPITAL.

Superintendent—FRANK W. KEATING, M.D.
Resident Physician—GEORGE H. STEUART, M.D.
Clerk—P. B. H. McFEELY.

Total number of patients in institution on October 1, 1917.....	700
Admitted during the biennial period October 1, 1917-October 1, 1919.....	159
Discharged, October 1, 1917-October 1, 1919.....	92
Died, October 1, 1917-October 1, 1919.....	69
Total number of patients in institution on October 1, 1919.....	698

EXTRACTS FROM THE SIXTEENTH BIENNIAL REPORT OF THE SUPERINTENDENT.

Educational Work.

The educational work of the institution has continued to produce its usual satisfactory results, many of the children admitted to the institution with only a spark of intelligence showing marked improvement under proper instruction and training.

Most of the children admitted to the institution begin their training in the kindergarten, their mental capacity being the guide

for assignment there, irrespective of their age. From the kindergarten they pass to the different classrooms, receiving instruction in the elements of arithmetic, reading and writing; then history, geography, etc.

Much attention is given to physical culture, and music is taught with astonishing results. All this aids in bringing about proper deportment and self-control.

Manual and industrial training enters largely into the scheme of education at the institution, the boys being taught carpentry, basketry, chair-caning, trucking and farming, and the girls trained in domestic economy, sewing, household, kitchen and laundry work.

The marked improvement in the mental and physical condition of so many of our patients, after some length of care and training, has opened up a new and perplexing problem in reference to their permanent detention at the institution.

A boy or girl is committed to the institution because he or she has been found mentally defective, and, therefore, incapable of proper adjustment at home or in the community in which he or she has lived.

Habitually stupid and dull, idle and untidy, disobedient, wilful, incorrigible and inefficient at any kind of task, they have failed to progress at school, and consequently are turned away to become a burden on their family and the community. Finally they are committed to this institution.

They come to the institution hardened and uncontrollable, impudent, insolent and useless, often with a history of immoral conduct. They are put in training under proper supervision, and by competent instructors are taught to read, write, etc; with patient instruction in manual and industrial occupations they learn to do things which render them useful, even proficient, in many kinds of simple occupations under close supervision. With good wholesome food, proper bathing, physical exercise and regular habits they become healthy and more attractive in appearance, and with proper discipline they become quiet, obedient and well-behaved.

Their relatives and friends see this remarkable change, but do not realize that the improvement is the result of and depends upon the discipline of the institution, the influence of association with refined instructors, the absence of temptation and constant supervision and instruction. They urge that they may be allowed to take their children home, that the family may have the benefit of

their work, or that they may be put out to service for wages, not releasing that with the best possible home supervision such mental defectives will almost always quickly return to their old ways and habits. They do not realize that the mental defect which was the cause of former delinquencies is a permanent condition and, in all probability, will reassert itself if the constant supervision they have had at the institution is taken away.

We now have at Rosewood a number of patients whose history before and after entering the institution closely corresponds to the hypothetical condition described above, the relatives and friends of whom are constantly asking for their discharge. A number have been released during the biennial period by order of Court. Several of these, however, have already been sent back to the institution by the judges who released them.

I can readily understand that the possible fitness of a person of this type for release as a result of the training he or she has received at the institution is apparently so real on a casual examination made in a courtroom that a judge hesitates to remand the person to the institution when brought before him seeking a release, notwithstanding the same person was unhesitatingly committed to the institution by his relatives some time previous, feeling his condition was hopeless.

The fact that persons of this type of mental deficiency almost certainly return to their previous troublesome mental state and anti-social and immoral habits is well understood by those familiar with mental defectives, but the great majority of people have no appreciation of the existence of this most unfortunate class, hence there has not yet been enacted proper laws to guide our judges in dealing with such cases when brought before them.

MOUNT HOPE RETREAT.

ARLINGTON.

OWNED AND CONTROLLED BY THE SISTERS OF CHARITY.

Sister Superior, SISTER M. MAGDALENE.

OFFICERS OF THE HOSPITAL.

Physician-in-Chief—CHARLES G. HILL, M.D.

Resident Physician—FRANK J. FLANNERY, M.D.

Assistant Resident Physician and Pathologist—C. B. ENSOR, M.D.

Total number of patients under treatment Oct. 1, 1917.....	609
Admitted during the biennial period, Oct. 1, 1917-Oct. 1, 1919.....	332
Discharged as recovered during the biennial period.....	88
Discharged as improved during the biennial period.....	74
Discharged as unimproved during the biennial period.....	9
Died, Oct. 1, 1917-Oct. 1, 1919.....	174
Total number of patients under treatment on Oct. 1, 1919.....	596*

SHEPPARD AND ENOCH PRATT HOSPITAL.

TOWSON.

TRUSTEES.

W. CHAMPLIN ROBINSON,	WILLIAM K. BARTLETT,
President.	CHARLES C. HOMER, JR.,
JOHN C. DAVES,	WILLIAM A. DIXON,
Secretary.	PHILLIPS LEE GOLDSBOROUGH,
WILTON SNOWDEN,	ROBERT WALKER.

OFFICERS OF THE HOSPITAL.

Physician-in-Chief—EDWARD N. BRUSH, M.D.
Assistant Physicians—WM. RUSH DUNTON, JR., M.D.
GEORGE F. SARGENT, M.D.
GEORGE B. WOLFF, M.D. (deceased).
MARTIN W. PECK, M.D.
HARRY W. WHEATON, M.D.
Superintendent of Nurses—MRS. CORA MCCABE SARGENT, R. N.
Comptroller of Accounts—JOHN W. JONES.

Total number of patients under treatment on Oct. 1, 1917.....	123
Admitted during the biennial period, Oct. 1, 1917-Oct. 1, 1919.....	385
Discharged as recovered during the biennial period.....	108
Discharged as improved during the biennial period.....	186
Discharged as unimproved during the biennial period.....	84
Died, Oct. 1, 1917-Oct. 1, 1919.....	13
Total number of patients under treatment on Oct. 1, 1919.....	117

HENRY PHIPPS PSYCHIATRIC CLINIC.

Johns Hopkins Hospital.

BALTIMORE.

OFFICERS.

Medical Director—ADOLF MEYER, M.D.
Assistant Director—CHARLES MACFIE CAMPBELL, M.D.
Director of Laboratory of Internal Medicine—
PHYLLIS GREENACRE, M.D.
Resident Physician—AUGUSTA SCOTT, M.D.
Assistant Resident Physicians—LESTER B. HOHMAN, M.D.
RUTH FAIRBANK, M.D.
HILDEGARDE GEGMANN, M.D.
House Physicians—GEORGE F. STEVENSON, M.D.
FRANK G. EPAUGH, M.D.
CLAUDE UHLER, M.D.

Total number of patients under treatment on Oct. 1, 1917.....	50
Admitted during the biennial period, Oct. 1, 1917-Oct. 1, 1919.....	839
Discharged as recovered during the biennial period.....	177
Discharged as improved during the biennial period.....	365
Discharged as unimproved during the biennial period.....	266
•Died, Oct. 1, 1917-Oct. 1, 1919.....	15
Total number of patients under treatment on Oct. 1, 1919.....	66

THE RICHARD GUNDRY HOME.

Harlem Lodge.

CATONSVILLE.

Medical Director—RICHARD F. GUNDRY, M.D.

Total number of patients under treatment on Oct. 1, 1917.....	25
Admitted during the biennial period, Oct. 1, 1917-Oct. 1, 1919.....	238
Discharged as recovered during the biennial period.....	88
Discharged as improved during the biennial period.....	114
Discharged as unimproved during the biennial period.....	19
Died, Oct. 1, 1917-Oct. 1, 1919.....	12
Total number of patients under treatment on Oct. 1, 1919.....	30

ATHOL (THE GUNDRY SANITARIUM).

CATONSVILLE.

Medical Director—ALFRED T. GUNDRY, M.D.

Total number of patients under treatment on Oct. 1, 1917.....	45
Admitted during the biennial period, Oct. 1, 1917-Oct. 1, 1919.....	34
Discharged as recovered during the biennial period.....	11
Discharged as improved during the biennial period.....	15
Discharged as unimproved during the biennial period.....	2
Died, Oct. 1, 1917-Oct. 1, 1919.....	4
Total number of patients under treatment on Oct. 1, 1919.....	47

THE RELAY SANITARIUM.

RELAY.

Medical Director—LEWIS H. GUNDRY, M.D.

Total number of patients under treatment on Oct. 1, 1917.....	34
Admitted during the biennial period, Oct. 1, 1917-Oct. 1, 1919.....	124
Discharged as recovered during the biennial period.....	51
Discharged as improved during the biennial period.....	45
Discharged as unimproved during the biennial period.....	19
Died, Oct. 1, 1917-Oct. 1, 1919.....	4
Total number of patients under treatment on Oct. 1, 1919.....	39

LAUREL SANITARIUM.

LAUREL.

MEDICAL DIRECTORS.

JESSE C. COGGINS, M.D.

CORNELIUS DEWEESE, M.D.

Assistant Physician—CHARLES H. LATIMER, M.D.

Total number of patients under treatment on Oct. 1, 1917.....	61
Admitted during the biennial period, Oct. 1, 1917-Oct. 1, 1919.....	346
Discharged as recovered during the biennial period.....	84
Discharged as improved during the biennial period.....	144
Discharged as unimproved during the biennial period.....	97
Died, Oct. 1, 1917-Oct. 1, 1919.....	23
Total number of patients under treatment on Oct. 1, 1919.....	59

PATAPSCO MANOR SANITARIUM.

ELLICOTT CITY.

Medical Director—W. RUSHMER WHITE, M.D.

Total number of patients under treatment on Oct. 1, 1917.....	20
Admitted during the biennial period, Oct. 1, 1917-Oct. 1, 1919.....	143
Discharged as recovered during the biennial period.....	73
Discharged as improved during the biennial period.....	59
Discharged as unimproved during the biennial period.....	3
Died, Oct. 1, 1917-Oct. 1, 1919.....	5
Total number of patients under treatment on Oct. 1, 1919.....	23

RIGGS COTTAGE.

IJAMSVILLE.

Medical Director—GEORGE H. RIGGS, M.D.

Total number of patients under treatment on Oct. 1, 1917.....	10
Admitted during the biennial period, Oct. 1, 1917-Oct. 1, 1919.....	17
Discharged as recovered during the biennial period.....	6
Discharged as improved during the biennial period.....	5
Discharged as unimproved during the biennial period.....	1
Died, Oct. 1, 1917-Oct. 1, 1919.....	3
Total number of patients under treatment on Oct. 1, 1919.....	12

CHESTNUT LODGE SANITARIUM.

ROCKVILLE.

Medical Director—ERNEST L. BULLARD, M.D.

Total number of patients under treatment on Oct. 1, 1917.....	12
Admitted during the biennial period, Oct. 1, 1917-Oct. 1, 1919.....	79
Discharged as recovered during the biennial period.....	5
Discharged as improved during the biennial period.....	53
Discharged as unimproved during the biennial period.....	7
Died, Oct. 1, 1917-Oct. 1, 1919.....	5
Total number of patients under treatment on Oct. 1, 1919.....	21

MT. HERBERT.

CATONSVILLE.

Medical Director—SAMUEL J. FORT.

This institution for the feeble-minded and mild mental cases was closed at the outbreak of the war, as Dr. Fort enlisted in the Medical Corps of the U. S. Army. It will not be reopened.

LUNACY COMMISSION OF
PINECREST SANITARIUM.
CATONSVILLE.

Conducted by Miss ANNA A. SIELING, R. N.
Medical Director—HENRY B. KOLB, M.D.

Total number of patients under treatment on Oct. 1, 1917.....	14
Admitted during the biennial period, Oct. 1, 1917-Oct. 1, 1919.....	47
Discharged as recovered during the biennial period.....	7
Discharged as improved during the biennial period.....	20
Discharged as unimproved during the biennial period.....	1
Died, Oct. 1, 1917-Oct. 1, 1919.....	11
Total number of patients under treatment on Oct. 1, 1919.....	22

HOUSE-IN-THE-PINES.
CATONSVILLE.

Conducted by Miss HELEN RUSSELL, R. N.
Medical Director—D. A. WALDRON, M.D.

Total number of patients under treatment on Oct. 1, 1917.....	10
Admitted during the biennial period Oct. 1, 1917-Oct. 1, 1919.....	25
Discharged as recovered during the biennial period.....	10
Discharged as improved during the biennial period.....	10
Discharged as unimproved during the biennial period.....	1
Died Oct. 1, 1917-Oct. 1, 1919.....	..
Total number of patients under treatment on Oct. 1, 1919.....	14

BAYVIEW ASYLUM.
BALTIMORE.

SUPERVISORS OF CITY CHARITIES.

J. HALL PLEASANTS, M.D.	CARY B. GAMBLE, JR., M.D.
President.	MRS. DANIEL MILLER,
NATHANIEL G. GRASTY.	ELISHA H. PERKINS,
Secretary.	ANTON G. RYTINA, M.D.
JACOB EPSTEIN,	JAMES R. WHEELER,
J. WHITRIDGE WILLIAMS, M.D.	

OFFICERS OF THE HOSPITAL.

Superintendent—LAMAR HOLLYDAY.
Physician-in-Chief, Insane Department—H. GOLDSMITH, M.D.

Total number of patients under treatment on Oct. 1, 1917.....	313
Admitted during the biennial period Oct. 1, 1917-Oct. 1, 1919.....	692
Discharged as recovered during the biennial period.....	85
Discharged as improved during the biennial period.....	262
Discharged as unimproved during the biennial period.....	293
Died Oct. 1, 1917-Oct. 1, 1919.....	159
Total number of patients under treatment on Oct. 1, 1919.....	206

SYLVAN RETERAT.
ALLEGANY COUNTY ASYLUM.Superintendent—GEORGE W. TAYLOR.
Visiting Physician—E. H. WHITE, M.D.

Total number of patients under treatment on Oct. 1, 1917.....	92
Admitted during the biennial period Oct. 1, 1917-Oct. 1, 1919.....	30
Discharged as recovered during the biennial period.....	11
Discharged as improved during the biennial period.....	8
Discharged as unimproved during the biennial period.....	7
Died Oct. 1, 1917-Oct. 1, 1919.....	4
Total number of patients under treatment on Oct. 1, 1919.....	92



SECTION III
STATISTICAL TABLES.

TABLE NO. 1.
SHOWING THE STATISTICS OF THE STATE HOSPITALS FOR THE INSANE AND FEEBLE-MINDED FOR THE YEAR ENDING
SEPTEMBER 30, 1918.

Institutions.	Remaining September 30, 1917.					Admitted (including transfers) from September 30, 1917, to September 30, 1918.					Showing the condition of patients discharged from September 30, 1917, to September 30, 1918.					Remaining September 30, 1918.				
	White.		Colored.		Total.	White.		Colored.		Total.	Recovered.	Improved.	Unimproved.	Died.	Total.	White.		Colored.		Total.
	Male.	Female.	Male.	Female.		Male.	Female.	Male.	Female.							Male.	Female.	Male.	Female.	
Spring Grove State Hospital.....	397	390	2	2	791	103	66	...	...	169	23	31	26	90	170	400	386	2	2	790
Springfield State Hospital.....	809	663	...	...	1472	209	166	...	...	375	50	100	49	138	337	809	701	...	...	1510
Eastern Shore State Hospital.....	140	113	...	...	253	42	27	...	...	69	8	28	6	40	82	136	104	...	...	240
Crownsville State Hospital.....	...	...	254	297	551	...	...	79	63	142	13	22	13	106	154	...	...	254	285	539
Rosewood State Training School.....	334	366	...	...	700	28	20	...	...	48	...	30	7	11	48	331	369	...	...	700
Total.....	1680	1532	256	299	3767	382	279	79	63	803	94	211	101	385	791	1676	1560	256	287	3779

TABLE NO. 1A.
SHOWING THE STATISTICS OF THE STATE HOSPITALS FOR THE INSANE AND FEEBLE-MINDED FOR THE YEAR ENDING
SEPTEMBER 30, 1919.

Institutions.	Remaining September 30, 1918.					Admitted (including transfers) from September 30, 1918, to September 30, 1919.					Showing the condition of patients discharged from September 30, 1918, to September 30, 1919.					Remaining September 30, 1919.				
	White.		Colored.		Total.	White.		Colored.		Total.	Recovered.	Improved.	Unimproved.	Died.	Total.	White.		Colored.		Total.
	Male.	Female.	Male.	Female.		Male.	Female.	Male.	Female.							Male.	Female.			
Spring Grove State Hospital.....	400	386	2	2	790	99	104	...	...	203	33	45	32	104	214	385	390	2	2	779
Springfield State Hospital.....	809	701	...	...	1510	195	164	...	...	359	61	127	30	177	395	778	696	...	...	1474
Eastern Shore State Hospital.....	136	104	...	...	240	40	42	...	...	82	5	17	14	37	73	140	109	...	...	249
Crowsville State Hospital.....	...	...	254	285	539	...	...	71	70	141	15	17	5	116	153	...	...	238	289	527
Rosewood State Training School.....	331	369	...	...	700	58	53	...	...	111	...	47	8	58	113	343	355	...	...	698
Total.....	1676	1560	256	287	3779	392	363	71	70	896	114	253	89	492	948	1646	1550	240	291	3727

TABLE NO. 2.

SHOWING THE STATISTICS OF PRIVATE AND CORPORATE INSTITUTIONS FOR THE INSANE FOR THE YEAR ENDING
SEPTEMBER 30, 1918.

Institutions.	Remaining September 30, 1917.			Admitted (trans- fers included) from September 30, 1917, to September 30, 1918.			Showing the condition of patients discharged from September 30, 1917, to September 30, 1918.					Remaining September 30, 1918.		
	Male.	Female.	Total.	Male.	Female.	Total.	Recovered.	Improved.	Unimproved.	Died.	Total.	Male.	Female.	Total.
Mount Hope Retreat.....	218	391	609	57	89	146	34	39	4	71	148	221	386	607
Sheppard and Enoch Pratt Hospital.....	62	61	123	76	85	161	45	67	43	6	161	59	64	123
Henry Phipps Psychiatric Clinic.....	24	26	50	202	196	*398	91	166	131	10	398	21	29	50
The Richard Gundry Home.....	14	11	25	49	35	84	25	45	6	3	79	17	13	30
The Gundry Sanitarium.....	45	45	.....	21	21	.....	6	11	2	3	22	.....	44	44
The Relay Sanitarium.....	13	21	34	38	19	57	13	23	11	3	50	16	25	41
Riggs Cottage.....	4	6	10	3	7	10	5	.....	.....	1	6	4	10	14
Mount Herbert.....	3	8	11	.....	.....	.....	.....	.....	11	.....	11	.....	.....	.....
Laurel Sanitarium.....	29	32	61	104	60	164	63	43	44	12	162	29	34	63
Patapsco Manor Sanitarium.....	12	8	20	48	10	58	25	31	1	.....	57	11	10	21
Chestnut Lodge Sanitarium.....	3	9	12	13	23	36	1	25	2	2	30	3	15	18
Pinecrest Sanitarium.....	6	8	14	10	16	26	5	10	.....	6	21	9	10	19
House-in-the-Pines	1	9	10	9	8	17	8	5	.....	.....	13	6	8	14
Total.....	389	635	1024	609	569	1178	321	465	255	117	1158	396	648	1044

NOTE.—Of the 398 admissions for 1918, 65 men and 60 women—125—were *not insane*. Of the 398 discharged, 121 were *not insane*.

TABLE NO. 2A.
SHOWING THE STATISTICS OF PRIVATE AND CORPORATE INSTITUTIONS FOR THE INSANE FOR THE YEAR ENDING
SEPTEMBER 30, 1919.

Institutions.	September 30, 1918. Remaining			Admitted (trans- fers included) from September 30, 1918, to September 30, 1919.			Showing the condition of patients discharged from September 30, 1918, to September 30, 1919.					Remaining September 30, 1919.		
	Male.	Female.	Total.	Male.	Female.	Total.	Recovered.	Improved.	Unimproved.	Died.	Total.	Male.	Female.	Total.
Mount Hope Retreat.....	221	386	607	73	113	186	54	35	5	103	197	211	385	596
Sheppard and Enoch Pratt Hospital.....	59	64	123	90	134	224	63	119	41	7	230	55	62	117
Henry Phipps Psychiatric Clinic.....	21	29	50	214	227	*441	86	199	135	5	*425	27	39	66
The Richard Gundry Home.....	17	13	30	105	49	154	63	69	13	9	154	20	10	30
The Gundry Sanitarium.....	44	44	88	13	13	26	5	4	.....	1	10	.....	47	47
The Relay Sanitarium.....	16	25	41	37	30	67	38	22	8	1	69	9	30	39
Riggs Cottage.....	4	10	14	.....	7	7	1	5	1	2	9	3	9	12
Laurel Sanitarium.....	29	34	63	131	51	182	21	101	53	11	186	23	36	59
Patapsco Manor Sanitarium.....	11	10	21	75	10	85	48	28	2	5	83	13	10	23
Chestnut Lodge Sanitarium.....	3	15	18	16	27	43	4	28	5	3	40	4	17	21
Pinecrest Sanitarium.....	9	10	19	2	19	21	2	10	1	5	18	7	15	22
House-in-the-Pines	6	8	14	3	5	8	2	5	1	.....	8	5	9	14
Total.....	396	648	1044	746	685	1431	387	625	265	152	1429	377	669	1046

NOTE.—Of the 441 admissions for 1919, 52 men and 56 women—108—were *not insane*. Of the 425 discharged, 51 men and 57 women—108—were *not insane*.

TABLE NO. 3.

SHOWING THE STATISTICS OF THE CITY AND COUNTY ASYLUMS FOR THE INSANE AND FEEBLE-MINDED FOR THE YEAR ENDING SEPTEMBER 30, 1918.

City and County Asylums.	Remaining September 30, 1917.					Admitted from September 30, 1917, to September 30, 1918.					Showing the condition of patients discharged from September 30, 1917, to September 30, 1918.					Remaining September 30, 1918.				
	White.		Colored.		Total.	White.		Colored.		Total.	Recovered.	Improved.	Unimproved.	Died.	Total.	White.		Colored.		Total.
	Male.	Female.	Male.	Female.		Male.	Female.	Male.	Female.							Male.	Female.	Male.	Female.	
Bay View Asylum (Baltimore City).....	97	77	61	78	313	144	74	53	46	317	35	111	174	67	387	61	66	58	58	243
Sylvan Retreat (Cumberland)....	38	52	....	2	92	8	3	1	1	13	11	3	1	....	15	35	52	....	3	90
Total.....	135	129	61	80	405	152	77	54	47	330	46	114	175	67	402	96	118	58	61	333

TABLE NO. 3A.
SHOWING THE STATISTICS OF THE CITY AND COUNTY ASYLUMS FOR THE INSANE AND FEEBLE-MINDED FOR THE YEAR ENDING
SEPTEMBER 30, 1919.

City and County Asylums.	Remaining September 30, 1918.					Admitted from September 30, 1918, to September 30, 1919.					Showing the condition of patients discharged from September 30, 1918, to September 30, 1919.					Remaining September 30, 1919.				
	White.		Colored.		Total.	White.		Colored.		Total.	Recovered.	Improved.	Unimproved.	Died.	Total.	White.		Colored.		Total.
	Male.	Female.	Male.	Female.		Male.	Female.	Male.	Female.							Male.	Female.	Male.	Female.	
Bay View Asylum (Baltimore City).....	61	66	58	58	243	156	108	51	60	375	50	151	119	92	412	61	53	42	50	206
Sylvan Retreat (Cumberland)....	35	52	....	3	90	7	9	1	....	17	....	5	6	4	15	41	48	....	3	92
Total.....	96	118	58	61	333	163	117	52	60	392	50	156	125	96	427	102	101	42	53	298

TABLE NO. 4.

SHOWING TOTAL NUMBER OF INSANE, FEEBLE-MINDED, ALCOHOLICS AND DRUG ADDICTIONS ON SEPTEMBER 30, 1918, AND SEPTEMBER 30, 1919.

	1918.			1919.		
	White.	Colored.	Total.	White.	Colored.	Total.
Number of patients in State hospitals	3236	543	3779	3196	531	3727
Number of patients in county and city asylums.....	214	119	333	203	95	298
Number of patients in private institutions	1044	.....	1044	1046	.....	1046
Total.....	4494	662	5156	4445	626	5071

TABLE NO. 5.

SHOWING NUMBER OF FIRST ADMISSIONS TO THE VARIOUS INSTITUTIONS FOR THE YEAR ENDING SEPTEMBER 30, 1918.

Institutions.	Number admitted from September 30, 1917, to September 30, 1918.					No. of insane or feeble- minded admitted.	No. of drug addictions admitted.	No. of alcoholics admit- ted.	No. of neurasthenics ad- mitted.	No. of non-insane ad- mitted.
	White.		Colored		Total.					
	Male.	Female.	Male.	Female.						
Spring Grove State Hospital.....	55	37	...	...	92	92	...	...	...	...
Springfield State Hospital.....	110	86	...	...	196	188	4	4	...	...
Crownsville State Hospital.....	...	...	48	36	84	84	...	...	...	...
Eastern Shore Hospital.....	32	24	...	...	56	54	1	...	1	...
Rosewood State Training School.....	27	20	...	...	47	47	...	...	...	...
Mount Hope Retreat.....	38	55	...	...	93	93	...	...	...	...
Sheppard and Enoch Pratt Hospital..	49	51	...	...	100	96	1	1	...	2
Phipps Psychiatric Clinic.....	164	171	...	...	335	226	4	10	1	94
Richard Gundry Home.....	37	22	...	...	59	43	6	9	...	1
Relay Sanitarium.....	19	13	...	...	32	16	5	4	1	6
The Gundry Sanitarium.....	...	14	...	...	14	9	...	...	4	1
Riggs Cottage.....	2	4	...	...	6	5	1	...	...	...
Laurel Sanitarium.....	70	47	...	...	117	65	21	27	4	...
Patapsco Manor Sanitarium.....	9	3	...	...	12	2	4	3	...	3
Chestnut Lodge Sanitarium.....	7	18	...	...	25	18	1	1	3	2
Mount Herbert.....	...	...	...	...	...	...	...	...	...	...
Pinecrest Sanitarium.....	8	11	...	...	19	10	...	3	...	6
House-in-the-Pines	8	6	...	...	14	14	...	...	...	...
Bay View Asylum.....	124	62	49	37	272	252	8	8	1	3
Sylvan Retreat.....	7	4	1	...	12	12	...	...	...	...
Total.....	766	648	98	73	1585	1326	56	70	15	118

TABLE NO. 5A.

SHOWING NUMBER OF FIRST ADMISSIONS TO THE VARIOUS INSTITUTIONS
FOR THE YEAR ENDING SEPTEMBER 30, 1919.

Institutions.	Number admitted from September 30, 1918, to September 30, 1919.					No. of insane or feeble- minded admitted.	No. of drug addictions admitted.	No. of alcoholics admit- ted.	No. of neurasthenics ad- mitted.	No. of non-insane ad- mitted.
	White.		Colored.		Total.					
	Male.	Female.	Male.	Female.						
Spring Grove State Hospital.....	42	42	...	...	84	83	...	...	1	...
Springfield State Hospital.....	103	88	...	...	191	185	1	5	...	...
Crownsville State Hospital.....	...	...	44	34	78	78	...	...	...	...
Eastern Shore State Hospital.....	30	34	...	...	64	64	...	...	...	...
Rosewood State Training School.....	56	50	...	...	106	106	...	...	...	...
Mount Hope Retreat.....	48	76	...	...	124	123	...	1	...	...
Sheppard and Enoch Pratt Hospital..	69	82	...	...	142	128	1	2	9	2
Phipps Psychiatric Clinic.....	182	203	...	...	385	291	1	1	...	92
Richard Gundry Home.....	76	40	...	...	116	46	29	34	3	4
Relay Sanitarium.....	12	25	...	...	37	19	8	7	...	3
The Gundry Sanitarium.....	...	9	...	...	9	5	...	...	3	1
Riggs Cottage.....	...	7	...	...	7	7	...	...	...	...
Laurel Sanitarium.....	66	35	...	...	101	44	31	25	...	1
Patapsco Manor Sanitarium.....	15	8	...	...	23	5	1	9	4	4
Chestnut Lodge Sanitarium.....	11	21	...	...	32	25	1	1	1	4
Pinecrest Sanitarium.....	2	15	...	...	17	14	...	...	3	...
House-in-the-Pines.....	2	5	...	...	7	7	...	...	...	...
Bay View Asylum.....	125	83	45	54	307	288	6	11	...	2
Sylvan Retreat.....	5	9	1	...	15	15	...	...	...	...
Total.....	835	832	90	88	1845	1533	79	96	24	113

TABLE NO. 6.

SHOWING NUMBER OF SUBSEQUENT ADMISSIONS TO THE VARIOUS INSTITUTIONS FOR THE YEAR ENDING SEPTEMBER 30, 1918.

Institutions.	Number admitted from September 30, 1917, to September 30, 1918.					No. of insane or feeble- minded admitted.	No. of drug addicts admitted.	No. of alcoholics admit- ted.	No. of neurasthenics ad- mitted.	No. of non-insane ad- mitted.
	White.		Colored.		Total.					
	Male.	Female.	Male.	Female.						
Spring Grove State Hospital.....	14	7	...	...	21	21	...	...	...	...
Springfield State Hospital.....	56	53	...	...	109	101	1	7	...	...
Crownsville State Hospital.....	...	...	5	2	7	7	...	...	...	...
Eastern Shore State Hospital.....	9	4	...	...	13	13	...	...	...	...
Rosewood State Training School.....	1	...	...	...	1	1	...	...	...	...
Mount Hope Retreat.....	8	12	...	...	20	20	...	...	...	1
Sheppard and Enoch Pratt Hospital...	22	29	...	...	51	47	1	2	...	...
Phipps Psychiatric Clinic.....	37	23	...	...	60	44	1	4	1	10
Richard Gundry Home.....	12	10	...	...	22	15	3	4	...	...
Relay Sanitarium.....	18	5	...	...	23	3	6	10	1	3
The Gundry Sanitarium.....	...	6	...	...	6	4	...	...	2	...
Riggs Cottage.....	1	2	...	...	3	3	...	...	...	...
Laurel Sanitarium.....	31	13	...	...	44	18	8	15	2	1
Patapsco Manor Sanitarium.....	40	5	...	...	45	3	13	28	...	1
Chestnut Lodge Sanitarium.....	6	5	...	...	11	4	3	...	3	1
Mount Herbert.....	...	...	...	...	...	...	...	...	...	...
Pinecrest Sanitarium.....	2	2	...	...	4	2	...	...	1	...
House-in-the-Pines.....	...	2	...	...	2	2	...	...	...	...
Bay View Asylum.....	17	15	1	4	37	35	1	1	...	...
Sylvan Retreat.....	1	...	...	...	1	1	...	...	...	...
Total.....	275	193	6	6	480	344	37	71	10	13

TABLE NO. 6A.

SHOWING NUMBER OF SUBSEQUENT ADMISSIONS TO THE VARIOUS INSTITUTIONS FOR THE YEAR ENDING SEPTEMBER 30, 1919.

Institutions.	Number admitted from September 30, 1918, to September 30, 1919.					No. of insane or feeble minded admitted.	No. of drug addictions admitted.	No. of alcoholics admit- ted.	No. of neurasthenics ad- mitted.	No. of non-insane ad- mitted.
	White.		Colored.		Total.					
	Male.	Female.	Male.	Female.						
Spring Grove State Hospital.....	21	23	...	...	44	43	1	...	...	...
Springfield State Hospital.....	60	52	...	...	112	109	1	1	1	...
Crownsville State Hospital.....	...	...	4	4	8	8	...	...	...	...
Eastern Shore State Hospital.....	10	7	...	...	17	17	...	...	...	...
Rosewood State Training School.....	2	2	...	...	4	4	...	...	...	...
Mount Hope Retreat.....	10	18	...	...	28	28	...	...	...	...
Sheppard and Enoch Pratt Hospital..	18	43	...	...	61	59	1	...	1	...
Phipps Psychiatric Clinic.....	31	22	...	...	53	40	1	1	...	11
Richard Gundry Home.....	24	5	...	...	29	12	6	11	...	...
Relay Sanitarium.....	23	5	...	...	28	10	2	13	...	3
The Gundry Sanitarium.....	...	1	...	...	1	1	...	...	...	...
Riggs Cottage.....	...	...	...	...	...	...	...	...	...	...
Laurel Sanitarium.....	65	15	...	...	80	21	16	43	...	...
Patapsco Manor Sanitarium.....	60	2	...	...	62	3	14	45	...	...
Chestnut Lodge Sanitarium.....	4	5	...	...	9	7	1	1	...	...
Pinecrest Sanitarium.....	...	1	...	...	1	1	...	...	...	...
House-in-the-Pines.....	1	...	...	...	1	1	...	...	...	...
Bay View Asylum.....	27	19	6	6	58	54	...	4	...	...
Sylvan Retreat.....	2	...	...	...	2	2	...	...	...	...
Total.....	358	220	10	10	598	420	43	119	2	14

TABLE NO. 7.

SHOWING THE NUMBER OF TRANSFERS AMONG THE VARIOUS INSTITUTIONS
FOR THE BIENNIAL PERIOD FROM SEPTEMBER 30, 1917,
TO SEPTEMBER 30, 1919.

Institutions.	Transfers occurring from September 30, 1918, to September 30, 1919.					Transfers occurring from September 30, 1917, to September 30, 1918.				
	White.		Colored.		Total.	White.		Colored.		Total.
	Male.	Female.	Male.	Female.		Male.	Female.	Male.	Female.	
Spring Grove State Hospital.....	33	23	...	...	56	36	39	...	...	75
Springfield State Hospital.....	44	26	...	...	70	32	24	...	...	56
Crownsville State Hospital.....	...	...	26	25	51	...	...	23	32	55
Eastern Shore State Hospital.....	...	...	...	...	...	...	1	...	...	1
Rosewood State Training School.....	...	...	...	...	...	...	1	...	...	1
Mount Hope Retreat.....	21	12	...	...	33	15	19	...	...	34
Sheppard and Enoch Pratt Hospital..	5	5	...	...	10	12	9	...	...	21
Phipps Psychiatric Clinic.....	1	2	...	...	3	1	2	...	...	3
Richard Gundry Home.....	1	2	...	...	3	5	4	...	...	9
Relay Sanitarium.....	1	1	...	...	2	2	...	...	...	2
The Gundry Sanitarium.....	...	1	...	...	...	...	3	...	...	3
Riggs Cottage.....	...	1	...	...	1	...	...	...	...	...
Laurel Sanitarium.....	3	...	...	...	3	...	1	...	...	1
Patapsco Manor Sanitarium.....	...	1	...	...	1	...	...	...	...	...
Chestnut Lodge Sanitarium.....	...	...	...	...	...	1	1	...	...	2
Pinecrest Sanitarium.....	2	1	...	...	3	...	3	...	...	3
House-in-the-Pines	1	...	...	...	1	...	...	...	...	...
Bay View Asylum.....	6	2	...	...	8	4	6	...	...	10
Total.....	118	77	26	25	246	108	113	23	32	276